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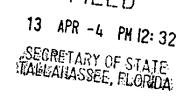
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Green Le DOCUMENT NUMBER: P09000005		ections Inc
The enclosed Articles of Amendment and fee are so	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Matthew Parle	fsky	
	Name of Contact Persor	1
Green Leaf Ho	me Inspection	ns Inc
	Firm/ Company	
8010 N Atlanti	c Ave #8	
	Address	
Cape Canaver	al Fl 32920	
Supe Suriavei	City/ State and Zip Code	
	City/ State and Zip Code	5
greenleafhomeins	spections@am	nail.com
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Matthew Parlefsky	321	543 9444
Name of Contact Person	at (321	de & Daytime Telephone Number
Name of Contact reison	Alea Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	ertment of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street	Address
Amendment Section	·	ment Section
Division of Corporations P.O. Box 6327		n of Corporations
Taliahassee, FL 32314		Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Green Leaf Home Inspections Inc

	s currently filed with the Florida Der	it. of State)	•
P09000005051			
(Documen	nt Number of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Pr	ofit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co". A pi		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			_
			_
			-
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			_
			_
			-
D. If amending the registered agent an new registered agent and/or the new		rida, enter the name of the	
Name of New Registered Agent	Matthew Parlefsky		
name of their negatives rigem	8010 N Atlantic Av	e #8	
	(Florida street address)		
New Registered Office Address:	Cape Canaveral	Florida 32920 (Zip Code)	
	(City)	(Zip Code)	-
New Registered Agent's Signature, if c	hanging Registered Agent:		
l hereby accept the appointment as regis		ccept the obligations of the position.	
	W Farkfiller		

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>v</u> <u>m</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Clayton S Owens	8010 N Atlantic Ave #8
Add			Cape Canaveral, Fl. 32920
X Remove			
2) Change	PCEO	Matthew Parlefsky	8010 N Atlantic Ave #8
X Add			Cape Canaveral, Fl. 32920
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pemove			

	g or adding additional Articles, enter change(s) here: itional sheets, if necessary). (Be specific)
	
provisions	dment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
- 	Owens resigned, transferring 100% of his stocks / ownership
	new Parlefsky
 .	
·	

. . . .

The date of each amendment(s) adoption: 3/8/2013
Effective date if applicable: 3/8/2013 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
 The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 3/13/2013
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Clayton S Owens
(Typed or printed name of person signing)
CEO
(Title of person signing)