P09000018942

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SECRETARY OF STATE DIVISION OF CORPORATIONS

mund 10/3/9/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SR HOME	INSPECTOR INC.
DOCUMENT NUMBER: P09 0000 18 914	2
The enclosed Articles of Amendment and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the	following:
JIMMY DECO! (Name of Contact Person)	PE
(Film/ Company)	
1080 Cypiess +	arkway 253
Kissimmee, Flor (City/ State and Zip Code)	IDA 34759
For further information concerning this matter, please call:	
Timmy Delafe at (40) (Name of Contact Person) (Are	7) 385–3854. a Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certified	nal copy is Certified Copy
P.O. Box 6327 Clifton Bu	nt Section f Corporations

Tallahassee, FL 32301

Articles of Amendment

10
Articles of Incorporation of
TAP OPPOS
DR HOME INSPECTOR INC
(Name of Corporation as currently filed with the Florida Dept. of State)
P090000 18942
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Parkway 253 KISSIMMEE FLORIDA 34759
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) KISSIMMER, FLORIDA 34759 KISSIMMER, FLORIDA 34759
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent:
New Registered Office Address: (Florida street address)
, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		<u> </u>	_
			Add Remove
	ding or adding additional A dditional sheets, if necessary)		
		xchange, reclassification, or cancella nendment if not contained in the am	
	not applicable, indicate N/A)	rendment if not contained in the am	

The date of each amendment(s) adoption: 03-02-09
(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)
(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 03-02-09
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)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)