## P1 000000 3405

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· • #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
· (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only

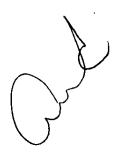


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## **COVER LETTER**

Division of Corporations			
NAME OF CORPORATION: Progry Home Improvement Co.  DOCUMENT NUMBER: P 100003405			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Rosely de Aquino Name of Contact Person Kelsam Services Firm/Company  4241 Baymeodows Pol # 5 Address  Jacksonville F1 32217 City/State and Zip Code  Cadmin@Kelsam. Com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Posely de Aquino at (904) 5341-0117  Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)			
Mailing Address Street Address			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

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Articles	of	Incorporation
		_ c

0-00011-0-	T or conservals ( a in
Foger Home.	Improvements, Co.
(Name of Corporation as currently filed w	vith the Florida Dept. of State)
	<u> </u>
(Document Number of Corp	poration (if known)
	tutes, this Florida Profit Corporation adopts the following amendment(s) to
its Articles of Incorporation:	
A. If amending name, enter the new name of the corpor	ration:
	The new
	orporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3838 Windridge CT
(Principal office address MUST BE A STREET ADDRES	
	(LICHSON 11119, 1 15263)
•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7653 Las Palmas way
	Jacksonville, F1 32256
	,
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
	<del>- 115.5.5.5.</del>
Name of New Registered Agent	
(1	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signature of New Re	egistered 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Pogerio Pieis	7653 Las Palmas wa
Add		•	Jochsonville, Fl 3236
Remove			
2) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
•	
- "	
·	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del> </del>	

The date of each amendment(s) add	option: 15-2-16
Effective date if applicable:	
	(no more than 90 days after amendment file date)
	(CHECK ONE)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were adopt action was not required.	sted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop action was not required.	sted by the incorporators without shareholder action and shareholder
Dated	102/12
Signature	
(By a dir	ector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary)
( appointe	
\	Rosaria Ress
	(Typed or printed name of person signing)
V	President
	(Title of person signing)