P10000073905

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: GHO Homes Corp	,		
DOCUMENT NUM	BER: P10000073905			
	s of Amendment and fee are su	ıbmitted for fili	ng.	
Please return all corr	espondence concerning this ma	tter to the follo	wing:	
	Debbie Soucie			
		Name of Co	ntact Person	n
	GHO Homes Corp			
		Firm/ C	Company	
	590 NW Mercantile Place			
		Ado	dress	
	Port St Lucie, FL 34986			
		City/ State a	and Zip Cod	e
		•	•	
debl	oies@ghohomes.com			
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	on concerning this matter, pleas	se call:		
William N Handler		at (561	719-4410
Name		Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the I	Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fill Certified (Additiona enclosed)	Сору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div	ciling Address endment Section vision of Corporations D. Box 6327		Amend Division	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



GHO Homes Corporation

(Name of Corporat	tion as currently filed with the Florida Dept. of State)
P10000073905	
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
	The new ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the e abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ox</u>)
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the doffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.
Sign	nature 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>	John Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jo	<u>nes</u>			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) Change	VP	_	Rene Flowers	_	5700 NW 24th Street	
X Add					Okeechobee, FL 34972	
Remove						
2) Change		_		-		
Add						
Remove						
3) Change				_		
Add						
Remove						
4)Change				_		
Add						
Remove						
5) Change		_		_		
Add						
Remove						
6) Change		_		_		
Add						
Remove						

tach additional sheets, if necessary	Articles, enter chan y). (Be specific)				
					
		·			
	•				
* **	· · ·				
in amendment provides for an e- covisions for implementing the a	xchange, reclassific	ation, or cancell	ation of issued sl	nares,	
(if not applicable, indicate N/A))	mtameu iii the ai	nenament usen.		
		-			

Effective date if applicable:	
Enecuve date in applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	the amendment(s) was/were sufficient for approval
by	""
,	(voting group)
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required. 7/25/2016 Dated	d by the incorporators without shareholder action and shareholder
selected, by	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
yvi	Íliam N Handler
((Typed or printed name of person signing)
Pre	esident
	(Title of person signing)