P10000103019

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOMKOR	R OF FLORIDA, INC.
DOCUMENT NUMBER: P100001030	19
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Ellen A. Wiss	
	Name of Contact Person
HOMKOR OF FL	
	Firm/ Company
112 Sea Hammo	ck Way
	Address
Ponte Vedra Rea	ch, Florida 32082
	City/ State and Zip Code
	,
lshippee@homkor.cor	
E-mail address: (t	o be used for future annual report notification)
For further information concerning this matte	r, please call:
Ellen A. Wiss	at (720) 256-6143
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 □\$43.75 Filing Fo	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation a	s currently filed with the Florid	la Dept. of State)	
HOMKOR OF FLORIDA, INC.	P10000103019		
(Docume	nt Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flor</i>	ida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
HOMKOR FLORIDA, INC.			The new
name must be distinguishable and con			e abbreviation
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa			ust contain the
word chartered, projessional associa	ition, or the abbreviation 1.A.		-
B. Enter new principal office address,			<u> </u>
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	•	72 X
	-	. ,	AR T
			FILED 23 AM
C. Enter new mailing address, if appl	icable:		图 全 四
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		<u> </u>
		11DA	14
		* .	4
D. If amending the registered agent an	nd/or registered office address i	in Florida, enter the name of the	
new registered agent and/or the new	w registered office address:		
Name of New Registered Agent	ELLEN A. WISS		
	112 SEA HAMMOCK W	AV	
	(Florida street ad	 	
	PONTE VEDRA BEACH	32082	
New Registered Office Address:	(City)	H , Florida 32082 (Zip Code)	
		, ,	
New Registered Agent's Signature, if c	hanging Registered Agent:		
l hereby accept the appointment as regist	tered agent. I am familiar with	and accept the obligations of the position	o n .
<u>Car</u>	Ma (All) is	<i>J</i>	
Si	gnature of New Registered Agent	t, 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>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	PCD	ELLEN A. WISS	112 SEA HAMMOCK WAY PONTE VEDRA BEACH, F 32082
2) X Change Add Remove	VD	JAMES R. WISS	112 SEA HAMMOCK WAY PONTE VEDRA BEACH, F 32082
3) X Change Add Remove	VS	LINDA SHIPPEE	612 GARFIELD KANSAS CITY, MO 64124
4) Change Add Remove			
5) Change Add Remove			32082
6) Change Add Remove			

(a	amending or adding additional Articutach additional sheets, if necessary).	(Be specific)
•	·	
		
		·
		,
	•	
T IT	an amendment provides for an excha provisions for implementing the amend (if not applicable, indicate N/A)	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
LLI	EN WISS IS 100% SHAREHO	DLDER
•		
		······································

The date of each amendmen	(s) adoption: MARCH 20, 2012					
Effective date if applicable:						
(no more than 90 days after amendment file date)						
Adoption of Amendment(s)	(CHECK ONE)					
■ The amendment(s) was/we by the shareholders was/w	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.					
	e approved by the shareholders through voting groups. The following statement d 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)					
	e adopted by the board of directors without shareholder action and shareholder					
	e adopted by the incorporators without shareholder action and shareholder					
Dated	3/20/12 Lalle (SW)					
Signature _	y a director, president or other officer – if directors or officers have not been					
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court					
a _l	pointed fiduciary by that fiduciary)					
	ELLEN A. WISS					
	(Typed or printed name of person signing)	_				
	PRESIDENT					
	(Title of person signing)	_				