## P11000006201

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ation: $D$ S $ u \mathcal{E}$	RIGHT HOME INSPECTIONS INC
DOCUMENT NUMBI	er: P110	000006201
The enclosed Articles of	f Amendment and fee are su	ubmitted for filing.
Please return all corresp	ondence concerning this ma	atter to the following:
- - - -	JAME DONE RIG 5038 SU CLOPER	Address City, FL 33328
	•	City/ State and Zip Code
·	E-mail address: (to be us	sed for future annual report notification)
For further information	concerning this matter, pleas	se cail:
		at () Area Code & Daytime Telephone Number
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	21\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
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** Articles of Incorporation of

DONE RIGHT HOME	INSPECTIONS INC.
(Name of Corporation as currently filed with the	
P 1100000 62 91	
(Document Number of Corporation (	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
INSTALLATION and IN- name must be distinguishable and contain the word "corporation"	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	12 SE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P 17 OF CO
	PA PROP
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	iress in Florida, enter the name of the s:
Name of New Registered Agent	<u> </u>
(Florida si	treet address)
New Registered Office Address:	, Florida
(City	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
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 <math>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: XChange	<u>PT</u>	John Do	<u>xe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_	the state of the s	
Add				
Remove				
4) Change		_		
Add		_		
Remove				
				. —
5) Change		<del></del>		<u> </u>
Add				<del></del>
Remove				
6) Change				
Add		_	· <del></del>	
Remove				

tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	A STATE OF THE STA
	MANUAL MA
	Marie 1 Marie
n amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
ovisions for implementing the ame (if not applicable, indicate N/A)	adment if not contained in the amendment itself:
,	

The date of each amendment(s) adoption: 9/15/2012
Effective date if applicable:
(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 9/15/2012
Signature Com
(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)
TAMES SALAMON (Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)