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Amend
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION:	Four Seasons Home Imp.	Inc.
DOCUMENT NUMBER:		P11000049651	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Jack Hart	
	1	Name of Contact Person	
	Four S	easons Home Imp. Inc.	
		Firm/ Company	
		115 Euclid Loop	
		Address	
	:	Seffner, FL 33584	
	C	City/ State and Zip Code	;
	E-mail address: (to be use	ed for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
Name	JACK HART of Contact Person	at ( <u>813</u> ) <u>653-1872</u> Area Code & Daytime Tele	or 813-695-316£
Enclosed is a chec	k for the following amount r	nade payable to the Florida Depart	ment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

		; ;	•
	Articles of Amendment	مد	MAN AM B. S.
	to	41/	
	Articles of Incorporation of	AJSC.	"42 " C)
	OI .		
Four Season	ons Home Imp. Inc.		Secondo a
(Name of Corporation as curr	rently filed with the Florida I	Dept. of State)	CASIA SI
P1 <sup>-</sup>	1000049651		100 / S.
(Document Nu	mber of Corporation (if knowr	1)	
rsuant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Flor</i>	ida Profit Corporation add	opts the followin
If amending name, enter the new name of	of the corporation:		
	•		The new
Enter new principal office address, if application of the address MUST BE A STREE Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF).  If amending the registered agent and/or new registered agent and/or the new reg	e: ICE BOX)  registered office address in F	Florida, enter the name of	
	istered office address.		
Name of New Registered Agent:		·	
New Registered Office Address:	(Florida street add	lress)	
		, Florida_	
	(City)	(Zip Code)	
w Registered Agent's Signature, if changi	ing Registered Agent:	j	
reby accept the appointment as registered		accept the obligations of th	ne position.
<del></del> :	Signature of New Registered A	gent, 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
Pres.	Jack Hart	115 Euclid Loop Seffner, FL 33584	☑ Add ☐ Remove
Pres.	Jack Hall	115 Euclid Loop Seffner, FL 33584	□ Add □ ☑ Remove
	ding or adding additional Article dditional sheets, if necessary). (		
<u>provisi</u>		nge, reclassification, or cancellation ment if not contained in the amends	

The date of each amendment(	s) adoption: 06/29/2011
Effective date <u>if applicable</u> :	(date of adoption is required)
Effective date it applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	.,,
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wern action was not required.	e adopted by the incorporators without shareholder action and shareholder
	director, president or other officer – if directors or officers have not been hed, by an incorporator – if in the hands of a receiver, trustee, or other court
	inted fiduciary by that fiduciary)
	look Hort
	Jack Hart (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)