## P11000082259

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SEUTH PROSE FLORIDA

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Central -	Famila Ilana Ca	nnection Inc.	5萬
_		median inc.	- 圣歌 20
DOCUMENT NUMBER: PILOOOC	82259		
The enclosed Articles of Amendment and fee are su	bmitted for filing.		Tree of
Please return all correspondence concerning this ma	hel Collins		
<b>C</b>	Name of Contact Person		777
Sm <u>k</u>	Accounting S	ervices	<del>. — –</del>
	Firm/ Company		
226	Wilshire Blu	<u>d · </u>	
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E-mail address: (to be us	SMK accounting, sed for future annual report	notification)	_
For further information concerning this matter, please			
RachelCollins	at ( 407	, 339-1220	
Name of Contact Person	Area Co	de & Daytime Telephone N	umber
Enclosed is a check for the following amount made	payable to the Florida Depa	ertment of State:	
\$35 Filing Fee \$\times \text{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)	
Mailing Address		Address	
Amendment Section		lment Section	
Division of Corporations P.O. Box 6327		on of Corporations Building	
Tallahassee, FL 32314		Executive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation Connection (Name of Corporation as currently filed with the Florida Dept. of State) 0000 82259 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Central Florida Home Connection and Management Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

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 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 X Add	<u>V</u> <u>SV</u>	Mike Jones Sally Smith	
Type of Action (Check One)  1) Change	Title	Name  Name	<u>Addres</u> s
Add Remove			
2) Change		<del>.</del> .	
Remove 3) Change			
Add Remove			
4) Change			
Remove  5) Change			
Add Remove			<u></u>
6) Change	<del></del>		
Remove			

	amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)
		•
		<u> </u>
<u>If</u>	an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
<u>p</u>	(ij not appneable, materie 1971)	, i n
<u>p</u>		$\lambda IIIY$
<u>q</u>		NIT
р		N I I T
р		NIT
<u>p</u>		NIT
<u>q</u>		NIT
		NIT

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
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)	
(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 3/9/2015 Signature Devi Local	_
(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)	
Devin Kelley	
(Typed or printed name of personsigning)	
(Title of person signing)	

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