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JUL 1 3 2015 C MCNAIR

## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations KEDLAND KENOVATIONS, INC **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to
Articles of Incorporation

	of , \
REDIAI	ND Renovations, Inc 5
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
$ ho_{III}$	ρροο <b>93051</b> 🚎 🛴
(Docum	ment Number of Corporation (if known)
D	Control of the Community of the Communit
rursuant to the provisions of section 607.1006, Fioridatistic Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendme
·	
A. If amending name, enter the new name of the co	orporation:
WAIKER H	tome builders, LNC. The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the
word "chartered," "professional association," or the	
B. Enter new principal office address, if applicable	h/A
(Principal office address MUST BE A STREET ADL	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	oxi N/A
manus and too manus of the second	
D 16	and office address in Florida and and a second of the
new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
	NIA
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:  I am familiar with and accept the obligations of the position.
mercey accept the appointment as registered agent.	- amjanima in in and decept the congulation 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>oe</u>				
X Remove	<u>V</u> <u>Mike Jones</u>						
_X Add	SV Sally Smith						
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s			
1) Change		_					
Add							
Remove							
2) Change		_					
Add							
Remove							
3) Change		_					
Add							
Remove							
4) Change		_					
Add							
Remove							
5) 01							
5) Change		<del></del>					
Add							
Remove							
6) Change		<u></u>					
Add							
Remove							

	(Be specific)	
		<u>.</u>
· · · · · · · · · · · · · · · · · · ·		
f an amandmant provides for an avak	hange realessification or concellation of issued shares	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	1ent
"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 sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7-6-15	
Signature Tools W Wally	
(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 cou appointed fiduciary by that fiduciary)	PT.
TODD A. WAIKER  (Typed or printed name of person signing)	<del></del>
Oracia	
rresident	
(Title of person signing)	