## P110000 98814

(	(Requestor's Name)
	(Address)
	(Address)
<del></del> (	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
	Certificates of Status
Special Instructions	to Filing Officer:
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Office Use Only



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> JUN 18 2020 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: 100	Handing House this Real Estate
DOCUMENT NUMBER: P//D	2000 98814 In
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	atter to the Jollowing:
- Xio	Name of Contact Person
Abir ,	Daviso Poure A E Dic
2595	Coloro de Also
101	th Port. 1-19. 34286
E-mail address: (to be us	City/ State and Zip Code  2
For further information concerning this matter, pleas	se call:
X100	a( )941575-1717
Name of Confact Person	Area Code & Daytime Telephone Number
inclosedris a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Thank you so much

Tallahassee, FL 32303



June 15, 2020

LISA DAVIS 2595 COLORADE AVE NORTH PORT, FL 34286

SUBJECT: LISA HAMLIN'S POWERHOUSE REAL ESTATE, INC.

Ref. Number: P11000098814

We have received your document for LISA HAMLIN'S POWERHOUSE REAL ESTATE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 220A00011791

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	LISA DAVIS	2595 COLORADE AVE
Add			NORTH PORT, FLORODA
Remove			34286
2) Change			
Add			
Remove 3 ) Change			
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an amendment provi rovisions for impleme	des for an exchangenting the amendr	ge <u>, reclassific:</u> nent if not co	ation, or cancell ntained in the a	ation of issued sl mendment itself:	inres,
(if not applicable, is	ndicate N/A)				•
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The date of each amer date this document was		. if other than	n the
Effective date <u>if appli</u>	ible:		
		fter amendment file date)	
Note: If the date inser document's effective da	ed in this block does not meet the applicable state on the Department of State's records.	tutory filing requirements, this date will not be listed a	s the
Adoption of Amendm	nt(s) ( <u>CHECK ONE</u> )		
The amendment(s) vaction was not requi		directors without shareholder action and shareholder	
	as/were adopted by the shareholders. The numbe was/were sufficient for approval.	of votes cast for the amendment(s)	
	as/were approved by the shareholders through vol rovided for each voting group entitled to vote sep		
"The number o	votes cast for the amendment(s) was/were suffic	ent for approval	
by			
	(voting group)	·	
Dated	5-25-2021		
Signa	ire Xina X GI	NÒ	
5.5	(By a director, president or other officer - if d	irectors 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)		
	L159 1	2015	
	(Typed or printed name of	person signing)	
	- tresico	l-ent	
	(Title of person signing)		