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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Hovest Home Trupacvement Inc
DOCUMENT NUMBER: P120000 2741
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert W. Hopkins Name of Contact Person
HONEST HONE Improvement Inc
5725 LAKE BREEZE AUC Address
LAKELAND; FZ 33809 -3342 City/ State and Zip Cour
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Hopkins at 863 853-2618  Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact reison Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation

of

(Name of Corporation as currently filed with the Florida Dept. of State)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  NAME OF 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  NAME  (Note that the Florida Dept. of State)  (Principal Office with the Florida Dept. of State)  (Principal Office address if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address:  NAME Of New Registered Agent  NAME Of New Registered Agent		INC	Improvement	HONEST Home
(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  NAME The new 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)  S. S. LAKE BREEZE AVE  LAKE LAND, T. 33809-3342  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:				
(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  NAME The new 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.4"  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)  S. 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:			1002741	P12000
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(Principal office address MUST BE A STREET ADDRESS)  LAKE LAND, FL 33 809-3342  C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)  LAKE LAND, FL 33 809-3342  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:			'Corp," "Inc," or "Co". A pro	"Corp.," "Inc.," or Co.," or the designation "
Mailing address MAY BE A POST OFFICE BOX)  LAKE BREEZE AVE  LAKE LAND 172 33809-3342  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:			r Annecco	
new registered agent and/or the new registered office address:	-		<del></del>	
Name of New Registered Agent W/A		rida, enter the name of the		
			W/A	Name of New Registered Agent
5725 LAKE BREEZE AUC (Florida street address)				
New Registered Office Address: & LAKELAND , Florida 33809-33	42	, Florida_ 33 <i>8</i> 09 - 33	LAKELAND	New Registered Office Address: 8
(City) (7.ip Code)		(Zip Code)		
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.  NA  Signature of New Registered Agent, if changing	*	Agent, if changing	gent. I am familiar with and acco	

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: <u>X</u> 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>	Name	<u>Addres</u> s
l) Change		N/A	
Add			
Remove		,	
2) Change		NA	
Add			
Remove		.1.	
3) Change		NA	· · · · · · · · · · · · · · · · · · ·
Add			,
Remove		,	
4) Change		NA	
Add			<del></del>
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		NA	
Add			
Remove			

amendment provides for an exchange, reclassification, or cancellation of issuisions for implementing the amendment if not contained in the amendment if not applicable, indicate N/A)	
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if not applicable, indicate N/A)	itself:
	<del></del> _,

The date of each amendment(s) adoption:	NIA	, if other than the
date this document was signed.		
Effective date if applicable:	ASAP OR 4/28/18	· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE:	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amen or approval.	dment(s)
	the shareholders through voting groups. The following ing group entitled to vote separately on the amendment	
"The number of votes cast for the arr	nendment(s) was/were sufficient for approval	
by	voting group)	
6	poting group)	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and sha	ıreholder
The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareho	older
Date: 4/28/ Signature	18	
Signature Probe	ex on Hoplins	
(By a director, pro	esident or other officer - if directors or officers have no	
	corporator – if in the hands of a receiver, trustee, or other by that fiduciary)	ier court
	Robert W Hookins	
<del></del>	(Typed or printed name of person signing)	
	President lowner	
	(Title of person signing)	

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