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Division of Corporations

July 17, 2013

SCOTT SHARIK FLORIDA HOME PROFESSIONALS INC 359 BOCA CIEGA DR MADEIRA BEACH, FL 33708

SUBJECT: FLORIDA HOME PROFESSIONALS INC.

Ref. Number: P12000023864

We have received your document for FLORIDA HOME PROFESSIONALS 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Rebekah White Regulatory Specialist II

Letter Number: 713A00017375



July 17, 2013

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Rebekah White Regulatory Specialist II

Letter Number: 713A00017375

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION E FORWLY	a Home P	ro Fese iawara	7.1/a
DOCUMENT NUMB	ER: P12000	D23864	ru Fessionalb	
	of Amendment and fee are su	•		
Please return all corres	pondence concerning this ma	tter to the following:		
	SCOTT :	SHARIK		
		Name of Contact Person	1	
-		Firm/ Company		
-	359 BOC	A CIEGA	0	
	359 BOC Made18A (Beach F	1 33708	
	37AKA 99 (A	,	_	
For further information	concerning this matter, please	se call:		
Sc077 5	HARIK	at (727	557-4910	0
Name o	f Contact Person		de & Daytime Telephone Num	nber
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Ame Divis	ing Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

	Articles of I	Amendment to ncorporation of	13 JUL 31 AMII: 50
P1200002	n as currently filed with the 3864		SEONE AND
•		,	ntion adopts the following amendment(s)
A. If amending name, enter the new Hemmer Head name must be distinguishable and "Corp.," "Inc.," or Co.," or the deword "chartered." "professional asset	Pool Servicontain the word "corporating signation "Corp." "Inc." or	ion," "company," or ". "Co". A professional of	The new incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address MUST BE.		359 BO Madeira Fl 33	BEACH 708
C. Enter new mailing address, if a (Mailing address MAY BE A PO.			BeACH FI
D. If amending the registered agen new registered agent and/or the Name of New Registered Age	new registered office addre	SHARIK	,
<u>New Registered Office Addre</u>	359800A (Florida s PSS: Madiel A (Cit	iireer uniipess)	Florida 33708 (Zip Code)
New Registered Agent's Signature, I hereby accept the appointment as the	giste <u>red aue</u> nt. 1 am familiai		igations of the position.

Page 1 of 4

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 l	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Kenneth ONCILL	14247 THECHETAU
Add			Largo F1 33774
Remove			
2) Change	PC COO	SCOTTSHARIK	359 BOCA CEIGH OF MODICIA BEACH
_ X Add			
Remove			F/ 33708
3) Change			
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Chanca			
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ttach additional sheets, if nec	essary). (I	s, enter chan Be specific)	· · · 			
						
						
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an amendment provides for provisions for implementing	r an exchang the amendo	<u>te, reclassific</u> nent if not co	ation, or cance	ellation of issi	ied shares,	
(if not applicable, indicate	e N/A)	nent ii not eo	manie in the	ancida lege	tsen.	
			-			
						

The date of each amendment(s) adoption: 7-10-2013 date this document was signed.	_, if other than the
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)	
☐ 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 7/10/2013	
Signature	
(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)	
henneta L. OveilII.	_
(Typed or printed name of person signing)	
(Title of person signing)	