## 7 2000 43733

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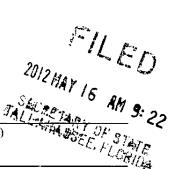
SECRETARY OF STATE TALLMAPAGNEE, IFLOWING.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CREATION	OF HO	MES, IN	IC		
DOCUMENT NUMB	<sub>ER:</sub> P1200004373	3		<u> </u>		
The enclosed Articles of	of Amendment and fee are su	bmitted for fill	ing.	*1		
Please return all corres	pondence concerning this ma	tter to the follo	owing:			
	BRYAN BLAKE					
	CREATION OF H		ontact Person			
-		Firm/ (	Company			
_	944 SOUTH ORANGE BLOSSOM TRAIL					
	APOPKA, FL 327		dress			
-		City/ State	and Zip Code			
INF	O@PROGRADE	LANDSC	APING.	.COM		
<del></del>	E-mail address: (to be us	sed for future a	nnual report	notification)		
For further information	concerning this matter, pleas	se call:				
BRYAN BLAK	ΚE	at i	407	, 244-6779		
Name o	f Contact Person		Area Coc	le & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the	Florida Depa	rtment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	\$43.75 Fi Certified (Additional enclosed)	Copy ' Il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314		Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle		

## Articles of Amendment to Articles of Incorporation of



## CREATION OF HOMES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000043733

(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:

If amending name, enter the new name of t PROGRADE HOMES, INC	ne corporation.		The
ame must be distinguishable and contain the Corp.," "Inc" or Co.," or the designation "cord "chartered," "professional association," o	Corp," "Inc," or "Co". A p		rated" or the abbrev
. Enter new principal office address, if applie Principal office address MUST BE A STREET		·····	
rincipui office unuress <u>MOST BE A STREET</u>	<u>ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E POV		
(Mulling dualess MAT BE AT OST OFFICE			<del></del>
;	<del> </del>	7:	,
. If amending the registered agent and/or reg new registered agent and/or the new registered Name of New Registered Agent		orida, enter the nam	<u>e of the</u>
	(Florida street address	)	
New Registered Office Address:	(Citv)	, Florida_	(Zip Code)
	(3.0)		(Elp out)
ew Registered Agent's Signature, if changing			
hereby accept the appointment as registered ago	ent. I am familiar with and a	ccept the obligations	of the position.
Signature	of New Registered Agent, if ci	hanging	

The date of each amendment	(s) adoption: 5/14/2012	
Effective date if applicable:	5/14/2012	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wei must-be separately provide	re approved by the shareholders through voting groups. The following statement and 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated Signature	5-14-12	
: se	y a director president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court epointed fiduciary by that fiduciary)	
· -	Bryan Blake	
	O(Typed or printed name of person signing)  President	
(Title of person signing)		