P13000035100

(Re	equestor's Name)	
. (Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORT	RATION: INNOVATIVE H		ENTRAL FLORIDA, INC		
	of Amendment and fee are su				
Please return all corre	spondence concerning this ma	tter to the following:			
	ROBERT NICHO	DLS			
		Name of Contact Person			
		Firm/ Company			
	10930 YALE CO	VE RD			
	LEESBURG, FL	Address 34788			
		City/ State and Zip Code			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
ROBERT NIC	CHOLS	at (865	742-9988		
Name	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depar	rtment of State:		
■ \$35 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)		
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment Articles of Incorporation

INNOVATIVE HOME SERVICES OF CENTRAL FLORIDA, INC

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

P13000035100	
	(Document Number of Corporation (if known)

nt(s) to

P13000035100			
(Document Number of Corpo	ration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corpora	tion adopts the following	g amendme
A. If amending name, enter the new name of the corpora	tion:		
			_The new
name must be distinguishable and contain the word "con" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc., word "chartered," "professional association," or the abbrev	c," or "Co". A professional c		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>	()		ယ်
		The state of the s	
		en va = 3	1 1 2 2 2 2 2
C. Enter new mailing address, if applicable:		41 (%) 13 (%)	
(Mailing address MAY BE A POST OFFICE BOX)		****	ည်း သူ
): 00 .*
		JAI	0
D. If amending the registered agent and/or registered off		he name of the	•
new registered agent and/or the new registered office	address:		
Name of New Registered Agent			
·			
·· (FI	orida street address)		
New Registered Office Address:		lorida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent. I am fo	umiliar with and accept the obli	gations of the position.	
			

Signature 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:

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 hold. 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, Alike 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	PT	John Do	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	one <u>s</u>	
_X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D		MICHAEL HOLLIFIELD	10930 YALE COVE RD
✓ ∧dd				LEESBURG, FL 34788
Remove				
2) Change				
Add	***************************************	_		
Remove				
3) Change				
 1				
Add Remove				
Keniove				
4) L Change		_		
Add				
Remove				
5) [] al				
5) Change				
Add				
Remove				
6) Change		_		
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	zataen <i>addili</i>	or adding additional A onal sheets, if necessary). (Be specific)	Sciol Heie.		
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(if not applicable, indicate N/A)	f an amend	ment provides for an ex	change, reclassific	cation, or cancellat	tion of issued share	es,
	(if not a	or implementing the arpplicable, indicate N/A)	nenament it not co	intained in the am	enament itseit:	
				•		

The date of each amendment	(s) adoption: 10/02/13	, if other than the
date this document was signed		·
Effective date if applicable:	10/02/13	_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/webby the shareholders was/webby	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
p <i>î</i> .	(voting group)	
	(young group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_10/0	02/2013	
Signature	Rat Duhl	
Se	By 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 oppointed fiduciary by that fiduciary)	
	ROBERT NICHOLS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	