## P4000056521

Office Use Only



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04/17/17--01009--011 \*\*35.00



John John

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Housing Design M	atters, Inc.	
DOCUMENT NUMB	ER: P14000056521		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
!	Michael M. Bajalia, Esq.		
_		Name of Contact Person	1
:	Bajalia Law Office, P.A.		
_	· <del></del>	Firm/ Company	
	11512 Lake Mead Ave., Suite	301	
-		Address	
:	lacksonville, FL 32256		
-		City/ State and Zip Code	2
mbajal	ia@bajalialawoffice.com		
	_ *	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Michael M. Bajalia, Es	q.	at ( <u>904</u>	352-1121
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Housing Design Matters, Inc.		
( <u>Name</u>	of Corporation as currently filed with t	he Florida Dept. of State)
P14000056521		
	(Document Number of Corporation	(if known)
tursuant to the provisions of section 607 s Articles of Incorporation:	7.1006, Florida Statutes, this <i>Florida Profi</i>	it Corporation adopts the following amendment(s)
. If amending name, enter the new n	name of the corporation:	
	<u> </u>	
	nation "Corp," "Inc," or "Co". A profe	The new y," or "incorporated" or the abbreviation ressional corporation name must contain the
Brigary A. (Consultant MUST RE 4.6		my the state of th
Principal office address <u>MUST BE AS</u>	STREET ADDRESS )	
	<del></del>	S=) -1
	-	
Enter new mailing address, if app	licable:	
(Mailing address MAY BE A POST		
		57. 9
	<u></u>	
	<del> </del>	
). If amending the registered agent a	nd/or registered office address in Florida	a, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	Bajalia Law Office, P.A.	
Name of New Registered Agent	11512 Lake Mead Ave., Suite 301	
	11512 Eake Wead Ave., Suite 501	
	(Florida street address)	
	(Florida street address)	32256
New Registered Office Address:	(Florida street address)  Jacksonville (City)	, Florida

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 Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
l)Change		_	<del> </del>		
Add					
Remove					
2) Change					
Add		_			
Remove					
3 ) Change					
Add					
Remove					
A) CI					
4) Change		_			
Add					<u>, </u>
Remove					
5) Change		_			
Add				,	
Remove					·
O. Chara					
6) Change		_			
Add					
Damaya					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<del></del>	
	-		
		<del>-</del> -	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, adment if not containe	or cancellation of issued d in the amendment itsel	shares, f:

The date of each amendment(s) addate this document was signed.	doption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	1-11-17
Signature	Aug - atterson
	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ted fiduciary by that fiduciary)
	Guy R. Patterson
	Typed or printed name of person signing)
	Director
	(Title of person signing)