## P14000059089

| (Re                     | questor's Name)   |             |  |  |
|-------------------------|-------------------|-------------|--|--|
| (Address)               |                   |             |  |  |
| (Ad                     | dress)            |             |  |  |
| (Cit                    | y/State/Zip/Phone | e #)        |  |  |
| PICK-UP                 | ☐ WAIT            | MAIL        |  |  |
| (Business Entity Name)  |                   |             |  |  |
| (Document Number)       |                   |             |  |  |
| Certified Copies        | _ Certificates    | s of Status |  |  |
| Special Instructions to | Filing Officer:   |             |  |  |
|                         |                   |             |  |  |
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I ALBRITTON

## **COVER LETTER**

| Division of Corporations   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| NAME OF CORPORATION: POSSIBLE PIGORO DE SENTENTE PIGORDO DE PIGORDO DE SENTENTE PIGORDO DE PIGORDO DE PIGORDO DE PIGORDO DE PIGORDO DE PIG |  |  |  |  |  |  |
| DOCUMENT NUMBER:   |  |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filling.  |  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |  |  |  |
| Phil Hornback  |  |  |  |  |  |  |
| Printipor Horkstowcketra   |  |  |  |  |  |  |
| 1742 Mira Lago Cr.   |  |  |  |  |  |  |
| Ruskin Fl 33570  |  |  |  |  |  |  |
| City/ State and Zip Code   |  |  |  |  |  |  |
| horn1028@MSn.com   |  |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |  |  |
| Phil Hornback at 813, 717 4016  Name of Contact Person Area Code & Daytime Telephone Number  |  |  |  |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  |  |  |  |  |  |  |
| G. C.  |  |  |  |  |  |  |
| § \$35 Filing Fee  \$ \$43.75 Filing Fee &  \$ \$43.75 Filing Fee &  \$ \$52.50 Filing Fee  Certificate of Status  |  |  |  |  |  |  |
| Mailing Address Street Address   |  |  |  |  |  |  |

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



December 28, 2016

PHIL HORNBACK PHILLIP HORNBACK, P.A. 1742 MIRA LAGO CR RUSKIN, FL 33570

SUBJECT: PHILLIP HORNBACK, P.A.

Ref. Number: P14000059089

We have received your document for PHILLIP HORNBACK, P.A. 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

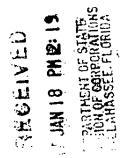
Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Irene Albritton Regulatory Specialist II

Letter Number: 216A00027564



## Articles of Amendment

| Articles of Affending it  |
|---|
| Articles of Incorporation   |
| Phillip Hornback PA   |
| (Name of Corporation as currently filed with the Florida Dept. of State)  |
| (Document Number of Corporation (if known)  |
|   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:  |
| A. If amending name, enter the new name of the corporation:  HONDOCK REAL ESTATE OVO PINC. 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)  RUSK in FL 33510   |
| c. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Ruskin Fl 33570  |
| 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  |
|   |
| (Florida street address)  |
| New Registered Office Address: , Florida , Florida  |
| (City) (Zip Code) දිව්වි<br>විසිත්ත විසිත්ත ව |
| 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.  |
|   |
| 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:

P = President; V = Vice President; T = Treesurer; 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, Treesurer, 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>e</u>    |             |
|-------------------------------|-------------|--------------|-------------|-------------|
| X Remove                      | ¥           | Mike Jo      | nes         |             |
| X Add                         | <u>sv</u>   | Sally Sn     | <u>nith</u> |             |
| Type of Action<br>(Check One) | Title       |              | Name        | Address     |
| 1) Change                     |             | <del></del>  |             |             |
| Add                           |             |              |             |             |
| Remove                        |             |              |             | <del></del> |
| 2) Change                     | <del></del> | <del>_</del> |             |             |
| Add                           |             |              |             |             |
| Remove                        |             |              |             |             |
| 3)Change                      |             | _            |             |             |
| Add                           |             |              |             |             |
| Remove                        |             |              |             |             |
| 4) Change                     |             | <del></del>  |             |             |
| Add                           |             |              |             |             |
| Remove                        |             |              |             |             |
| 5) Change                     |             | <u></u>      |             |             |
| Add                           |             |              |             |             |
| Remove                        |             |              |             |             |
| 6) Change                     |             |              |             |             |
| Add                           |             |              |             |             |
| Remove                        |             |              |             |             |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)   |
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| F. 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) |
|   |
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|    | ne date of each amendment(s) ad<br>te this document was signed.            | option:  | , if other than the                             |
|----|--|--|---|
|    | •  |  |   |
|    | fective date <u>if applicable</u> :  | (no more than 90 days after amendment  | file date)                                      |
|    | ote: If the date inserted in this bl<br>cument's effective date on the Dep | ock does not meet the applicable statutory filing rec<br>partment of State's records.                          | quirements, this date will not be listed as the |
| Αc | doption of Amendment(s)  | (CHECK ONE)  |   |
| §  | The amendment(s) was/were adop<br>by the shareholders was/were suf         | oted by the shareholders. The number of votes cast for ficient for approval.                                   | or the amendment(s)                             |
| §  |  | roved by the shareholders through voting groups. The<br>each voting group entitled to vote separately on the a |   |
|    | "The number of votes cast f  | or the amendment(s) was/were sufficient for approval   | l   |
|    | by   | (voting group)   | •   |
|    | <b>*</b>   | (voting group)   |   |
| §  | The amendment(s) was/were adoption was not required.                       | oted by the board of directors without shareholder act   | ion and shareholder                             |
| ş  | action was not required.   | oted by the incorporators without shareholder action a   |   |
|    | Dated  | 130/16   |   |
|    | Signature (By artis  | rector, president or other officer – if directors or officer   | ers have not been                               |
|    | selected   | , by an incorporator — if in the hands of a receiver, trued fiduciary by that fiduciary)                       |   |
|    | -  | Phil Hornback (Typed or printed name of person signing)  |   |
|    |  | _  |   |
|    |  | Prosident  |   |

(Title of person signing)