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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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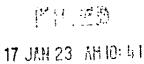
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Zunflex Corporation	n	
DOCUMENT NUMI	BER: P14000065462		
	of Amendment and fee are su	binitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Oscar Miranda		
		Name of Contact Person	
	Zunflex Corporation		
		Firm/ Company	
	5413 Ginger Cove Dr A		
		Address	
	Tampa, FL 33634	•	
		City/ State and Zip Code	
oscar	mp4@gmail.com		
	·	ed for future annual report notification)	
For further informatio Oscar Miranda	n concerning this matter, pleas		·
	of Contact Person	at (305 ) 2197957 Area Code & Daytime T	
		ayable to the Florida Department of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Fili Certified Copy (Additional copy is enclosed)  Certified C (Additional is enclosed)	of Status opy   Copy
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## **Articles of Amendment** to

Articles of Incorporation of



## **ZUNFLEX CORPORATION**

(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P14000065462			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
HOMESMAIDS Corp	The new		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co" or the designation "Corp.," "Inc.," or word "chartered," "professional association." or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	5413 Ginger Cove Dr A		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33634		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5413 Ginger Cove Dr A		
	Tampa, FL 33634		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent			
·			
(Florida s	street address)		
New Registered Office Address:	, Florida		
The state of the s	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.		
	, 2 , , , , , , , , , , , , , , , , , ,		
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 = 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 Doe
X Remove	<u>v</u>	Mike Jones
X Add	<u>sv</u>	Sally Smith
Type of Action (Check One)	<u>Title</u>	Name - · · · · · · · Address · · · · · · ·
1) Change		
Add		<del></del>
Remove		
2) Change		
Add		
Remove		
3 ) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		<del></del>
Add		
Remove		

If amending or adding (Attach additional sheet)	ets, if necessary).	(Be specific)	<u>.,</u> .		
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If an amendment pro- provisions for imple (if not applicable	vides for an exchange the amen indicate N/A)	ange, reclassificati adment if not cont	ion, or cancellation ained in the amen	n of issued shares, dment itself:	
esidential cleaning serv	ice				
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The date of each amendment(s) adoption:
Effective date if applicable:  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.
01/17/2017 Dated
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)
Oscar Miranda
(Typed or printed name of person signing)
President
(Title of person signing)