P140000085782

| (Ri | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (A | ddress) | |
| | dd | |
| (Ai | ddress) | |
| (C | ty/State/Zip/Phone | e #) |
| PICK-UP | TIAW | MAIL |
| (B | usiness Entity Nar | ne) |
| (D | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400309024114

02/15/18--01016--016 **35.00

2018 FEB 15 PH 2: 49

FEB 1 6 2018 UMCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORAT | non: 1to | ome Builde | er Services of | Jackson ville, FRC |
|-----------------------------|---|--|---|--------------------|
| DOCUMENT NUMBER | : P140000 | 85782 | | |
| The enclosed Articles of A | Imendment and fee are su | bmitted for filing. | | 201 |
| Please return all correspon | dence concerning this ma | ter to the following: | | 2018 FEB |
| | Robert B | land Ford Name of Contact Person | 1 | - 5 PR : |
| | me Builder | Sim/ Company | Jucksonville I | nc ? |
| | 0126 US | 1 North | | _ |
| <u> </u> | F. Augustin | City/ State and Zip Code | 2095 | _ |
| <u>Vic</u> | US Leonard E-mail address: (to be us | ed for future annual report | notification) | |
| For further information co | ncerning this matter, pleas | e call: | | |
| Robert Blown Name of C | and for d | at (904 Area Co |) 218 - 8166 de & Daytime Telephone Numbe | er |
| Enclosed is a check for the | e following amount made p | payable to the Florida Depa | artment of State: | |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| | | | | |

Mailing Address

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

0

| Home Builder Services By | Jacksonville, Inc & |
|---|--|
| (Name of Corporation as currently | filed with the Florida Dept. of State) |
| P140000 85782 | ب |
| (Document Number of | Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation: | Torida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| name must be distinguishable and contain to | To". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 6126 US 1 NOTA 5+ Augustine 77 32095 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 6126 US 1 North St. Augustine 71 32095 |
| D. If amending the registered agent and/or registered office address: Name of New Registered Agent | ss in Florida, enter the name of the |
| Name of New Registered Agent | V 100 Marie 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| (Florida stree | ot address) |
| (Floring Sires | : Ladar (Sa) |
| New Registered Office Address: | , Florida City) (Zip Code) |
| | Thy (Elp Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi | ith 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= 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 | PT | John Doe | |
|-------------------------------|--------------|-------------|--|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | _ | / |
| Add | | 1/8 | |
| Remove | | | / |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | / | |
| Add | | | |
| Remove | | | |
| 5) Change | | _/ | |
| Add | | / | |
| Remove | | | |
| 6) Change | | | |
| Add | | | 10 TEM SERVICE |
| Remove | | | |

| Attach additional sheets, if necessary) | (Be specific) | | |
|---|---|---|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | · · · |
| | | · | |
| | | | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| | | | |
| | | | |
| | | | / |
| | | 1 | |
| | | | / |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | $\overline{}$ | | |
| | | | |
| | | | |
| | | | <u> </u> |
| | | | |
| | <i>_</i> | | |
| If an amendment provides for an expressions for implementing the an | <u>change, reclassili</u> endment if not e | <u>cation, or cancellation of i</u> ontained in the amendmen | ssued shares, |
| (if not applicable, indicate N/A) | rendiment it not c | The distriction of the second | <u>u usen.</u> |
| | | | |
| | ··· | | · · · · · · · · · · · · · · · · · · · |
| | | | |
| | | | |
| | | | · |
| | | | |
| | | | |
| - · · · · · · · · · · · · · · · · · · · | | | |
| | | | |
| | | ., | .= |
| | | | |

| The date of each amendment(s) adoption: | , if other than th |
|--|--------------------------|
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Fote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date ocument's effective date on the Department of State's records. | will not be listed as th |
| doption of Amendment(s) (<u>CHECK ONE</u>) | |
| 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) | |
| (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. | |
| Dated P Feb 2018 Signature Block of 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) | |
| Robert Bland for d (Typed or printed name of person signing) | |
| President | |

(Title of person signing)