P15000010894

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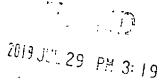
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Kochler Homes, li	nc.				
DOCUMENT NUME	915000010893					
The enclosed Articles	of Amendment and fee are so	abmitted for filing.				
Please return all corres	spondence concerning this ma	itter to the following:				
	Brandon C. Meadows					
		Name of Contact Person	n			
	Jimerson Birr, P.A.					
		Firm/ Company	-			
	One Independent Drive, Suite 1400					
	Address					
	Jacksonville, FL 32202					
		City/ State and Zip Cod	e			
toby@	jkochlerhomesine.com					
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	a concerning this matter, plea	se call:				
Brandon Meadows		at (de & Daytime Telephone Number			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment 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)			
Ame Divi P.O.	ling Address Indiment Section Sion of Corporations Box 6327 That see, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



Koehler Homes, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P15000010894 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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) ____. Florida New Registered Office Address: (City) 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 = 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> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	dly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	Brandon Franklin	5971 Powers Ave. Suite 6
Add			Jacksonville, F1, 32217
X Remove			
2) X Change	ST	John Lucidi	5971 Powers Ave. Suite 6
Add			Jacksonville, FL 32217
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	
	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an adment if not contained in the amendment itself;
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and if not contained in the amendment itself:

The date of each amendment(s) a	deption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendmen afficient for approval.	ıt(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	ment
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and sharehol	lder
☐ The amendment(s) was/were ad action was not required. Dated 77	opted by the incorporators without shareholder action and shareholder	
Signature		
selecte	lirector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other extend fiduciary by that fiduciary)	
	Tobias M. Newton	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	