Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

.From:

Account Name : EAVENSON, FRASER & LUNSFORD, PLLC

Account Number : I20140000035

Phone : (904)567-1162

Fax Number : (904)567-1065

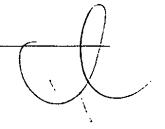
\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

SARAH@EFLI.

## COR AMND/RESTATE/CORRECT OR O/D RESIGN KOEHLER HOMES, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |



## 2022 OCT -3 AM 8:

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR                             | RATION: KOEHLER HOME                        | ES, INC.   |   |       |
|--|---|--|---|-------|
| DOCUMENT NUME                              |   |  |   |       |
|  | of Amendment and fee are su                 | bmitted for filing.  |   |       |
| Please return all corres                   | spondence concerning this ma                | tter to the following:   |   |       |
|  | Sarah Hoffman                               |  |   |       |
|  |   | Name of Contact Perso  | n   |       |
|  | Eavenson, Fraser & Lunsford                 | I, PLLC  |   |       |
|  |   | Firm/ Company  |   | _     |
|  | 4230 Pablo Professional Cou                 | rt, Suite 250  |   |       |
|  |   | Address  |   | -     |
|  | Jacksonville, FL 32224                      |  |   |       |
|  |   | City/ State and Zip Cod  | le  | _     |
|  | sarah@efli.law                              |  |   |       |
|  | <del>-</del>                                | sed for future annual report                                     | t notification)   |       |
|  |   |  | ,   |       |
| For further information                    | n concerning this matter, pleas             | se call:   |   |       |
|  |   |  |   | :     |
| Sarah Hoffman                              |   | at (   | )   | 3.    |
| Name o                                     | of Contact Person                           | Area Co  | de & Daytime Telephone Num  | ber-/ |
| Enclosed is a check for                    | r the following amount made                 | payable to the Florida Dep                                       | artment of State:   |       |
| ■ \$35 Filing Fœ                           | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | 7     |
|  | ling Address                                |  | Address   |       |
| Amendment Section Division of Corporations |   | Amendment Section Division of Corporations                       |   |       |
|  | Box 6327                                    |  | The Centre of Tallahassee   |       |
|  | shassee, FL 32314                           |  | N. Monroe Street, Suite 810   |       |
|  |   |  | assee, FL 32303   |       |

To: 18506176380 From: 19047196848 Date: 09/30/22 Time: 9:14 PM Page: 03/06

## Articles of Amendment to 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 <i>I</i> its Articles of Incorporation:  | Torida Profit Corporation adopts the fo   | llowing amendm | ent(s) to   |
| A. If amending name, enter the new name of the corporation:   |   |                |   |
|   |   | The nev        | HV  |
| name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." |   |                |   |
| B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)   |   |                |   |
|   |   |                |   |
|   |   | <del></del>    |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |   | <del></del>    |   |
|   |   |                | u ji  |
|   |   | <u></u>        | ( *439/3<br>(************************************ |
| D. If amending the registered agent and/or registered office address  | ess in Florida, enter the name of the     | ω              | .=;==]  |
| new registered agent and/or the new registered office address:  |   |                | ្រី <u>ប</u> ្រឹ                                  |
| Name of New Revistered Agent  |   | <u> </u>       |   |
|   |   | <u>:</u>       |   |
| (Florida stre   | et address)                               |                |   |
| New Registered Office Address:  | , Florida                                 |                |   |
|   | City)                                     | (Zip Code)     |   |
| New Registered Office Address:(   |   | (Zip Code)     |   |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w  | ith and accept the obligations of the pos | ition.         |   |
| , , , , , , , , , , , , , , , , , , ,   |   |                |   |
|   |   |                |   |
| Signature of New Re   | gistered Agent, if changing               | <del></del> -  |   |
| Digname of new ne   | Smear on regard of primary                |                |   |

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

To: 18506176380 From: 19047196848 Date: 09/30/22 Time: 9:14 PM Page: 04/06

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)

Example:

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 Doe    |                        |
|-------------------------------|--------------|-------------|------------------------|
| X Remove                      | <u>v</u>     | Mike Jones  |                        |
| X Add                         | <u>sv</u>    | Sally Smith |                        |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s        |
| 1) Change                     | ST           | JOHN LUCIDI | 6005 POWERS AVE        |
| Add                           |              |             | SUITE 105              |
| X Remove                      |              |             | JACKSONVILLE, FL 32217 |
| 2) Change                     |              |             |                        |
| Add                           |              |             | 2027 001               |
| Remove Change                 |              |             | OCT                    |
|                               |              |             |                        |
| Remove                        |              |             |                        |
| 4) Change                     |              |             | <u> </u>               |
| Add                           |              |             |                        |
| Remove                        |              |             |                        |
| 5) Change                     |              |             |                        |
| Add                           |              |             |                        |
| Remove                        |              |             |                        |
| 6) Change                     | <u></u>      |             |                        |
| Add                           |              |             |                        |
| Remove                        |              |             |                        |

To: 18506176380 From: 19047196848 Date: 09/30/22 Time: 9:14 PM Page: 05/06

| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |              |             |             |
|--|--------------|-------------|-------------|
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|  | Hallasse, FL |             | : 1965 M    |
|  | <u> </u>     | AM 8: 33    | <u>ا</u> آ  |
| If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                            | ₩.<br>₩.     | ထ္          |             |
| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)   |              | င္သ         |             |
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To: 18506176380 From: 19047196848 Date: 09/30/22 Time: 9:14 PM Page: 06/06

| The date of each amendment(s date this document was signed.        | adoption:  | , if other than the          |
|--|--|------------------------------|
| Effective date if applicable:                                      | (no more than 90 days after amendment file date)   |                              |
|  | (no nove man yo days after amenament fite date)  |                              |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing requirements, this data. Department of State's records.  | te will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  |                              |
| The amendment(s) was/were action was not required.                 | adopted by the incorporators, or board of directors without shareholder action   | on and shareholder           |
| ☐ The amendment(s) was/were by the shareholders was/were           | adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.  | 3)                           |
| • •  | approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):   | ent                          |
| "The number of votes c   | ast for the amendment(s) was/were sufficient for approval  |                              |
| by   | , n  | ~>                           |
|  | (voting group)   | . 02                         |
|  |  | E 1                          |
|  | er 28, 2022  | - () 4 9<br>                 |
| Dated  | Toloring Ad Many Kay   | - (a)                        |
|  | Tobias M Newton  | -3 M                         |
| Signature  |  |                              |
| sclo   | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other countried fiduciary by that fiduciary) | 8: 33                        |
|  | Tobias M. Newton   |                              |
|  | (Typed or printed name of person signing)  |                              |
|  | President  |                              |
|  | (Title of person signing)  |                              |