P1500001152

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Honolua Homes Ir	nc	
DOCUMENT NUM	1BER : P15000017152	· · · · · · · · · · · · · · · · · · ·	····
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	Travis Hamilton		
		Name of Contact Perso	on .
	Honolua Homes Inc		
		Firm/ Company	
	39 W Surfside Dr		
	·	Address	
	Santa Rosa Beach, FL 32459		
		City/ State and Zip Coo	le
	travis@honoluahomes.com		
		sed for future annual repor	t matification)
	E-man address, (to be di	sed for future annual repor	thorneadony
For further informati	ion concerning this matter, plea	se call:	
Travis Hamilton		at (665-0059
Name of Contact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	partment 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)
	ailing Address		Address dment Section
Amendment Section Division of Corporations			on of Corporations
P.O. Box 6327			entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Honolua Homes Inc	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
15000017152	
(Document Number	of Corporation (if known)
rursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 'chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	39 W Surfside Dr
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Santa Rosa Beach, FL 32459
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	39 W Surfside Dr
(Manual Marie De Miles Control De Miles	Santa Rosa Beach, FL 32459
). If amending the registered agent and/or registered office ad	dress in Florida enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent	
Hame of New Negaticide Agent	
(Florida s	street address)
	or tell (Mass Cour)
New Registered Office Address:	Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agen	1t:
hereby accept the appointment as registered agent. I am familiar	r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

Check if applicable

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Ch. Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he 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 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 Chang 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 (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	<u>V</u>	Marisa L. Hamilton	39 W Surfside Dr
X Add			Santa Rosa Beach, FL 32459
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			***************************************
4) Change		**************************************	
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	al sheets, if necessary). (Be specific)
	
· · · · · · · · · · · · · · · · · · ·	
 	
C	
provisions for	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself:
(if not app	licable, indicate N/A)
	

	12/10/2020
The date of each amendment(s)	adoption:, if other than
date this document was signed.	
	/01/2021
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	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated 12 Signature	/21/20 2-A
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Travis Hamilton
	(Typed or printed name of person signing)
	President
	(Title of person signing)