P15000034231

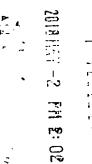
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: House Smart Inc			
DOCUMENT NUMBI				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
		Anthony Corigliano		
_	Name of Contact Person			
		House Smart Inc		
Firm/ Company				
_		4107 SW Moore Street		
Address				
_		Palm City, Florida 34990		
		City/ State and Zip Cod	e	
	1	mrhustleinc@bellsouth.net		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Anthony Coriglian	o	at (220-7624	
Name of	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 bassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation

House Smart Inc.

(Name of Corporation as curren	itly filed with the Florida Dept. of State)	
P1500003	34231	
(Document Number	of Corporation (if known)	,, <u>,,,,,</u>
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation: N/A		Tt.
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	"Co". A professional corporation name	
	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u></u>	
		· 13
		70
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the	6.0
new registered agent and/or the new registered office addre		25
Name of New Registered Agent Anthony Corigliano		
4107 SW Moore Street		
(Florida s	street address)	
New Registered Office Address:	. Florida	1990
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	M.	
I hereby accept the appointment as registered agent. I am familian		sition.
(Hom) Genti-		
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	PT Joh	nn Doe		
X Remove	<u>V</u> <u>Mi</u>	Mike Jones		
X Add	<u>SV</u> <u>Sa</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P. S. D	Wanda Corigliano	4107 SW Moore Street	
Add			Palm City, Florida 34990	
X Remove				
2) Change	P. D	Anthony Corigliano	4107 SW Moore Street	
XAdd			Palm City, Florida 34990	
Remove				
3) Change	<u>s, t</u>	Christine Corigliano	230 SW Glenwood Drive	
X Add			Port St. Lucie, FL 34984	
Remove				
4) Change	<u>VP</u>	Anthony Corigliano Jr.	3858 SW McKim Street	
X Add			Port St. Lucie, FL 34953	
Remove				
5) Change				
Add			 	
Remove				
6) Change				
Add				
Remove				

If amending or adding additional (Attach additional sheets, if necessar	ry). Be specific)
/A	
	
	
	
If an amendment provides for an	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not applicable, indicate N/.	A)

The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	not be listed as the
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.	
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)	
(Typed or printed name of person signing)	
Curcillo of person signing.	