# P15000061558

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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: HOUSEWRIGHT SERVICES, INC. P15000061558 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **BRADLEY J LIEN** Name of Contact Person HOUSEWRIGHT SERVICES INC Firm/ Company 3280 MIDSHIP DRIVE Address NORTH FORT MYERS FL 33903 City/ State and Zip Code **BJLIEN@SBCGLOBAL.NET** E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **BRADLEY J LIEN** Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

### HOUSEWRIGHT SERVICES INC

(Name of Corporation as	currently filed with the Flo	orida Dept, of Sta	ie) ie o	
			<b>源 6</b>	- emery
(Document N	lumber of Corporation (if kn	own)	5. 0	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ates, this <i>Florida Profit Cor</i>	poration adopts the	e following on	endment(s) to
A. If amending name, enter the new name of the corpora	ation:		55	
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	ic," or "Co". A profession			viation
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRES</u> :	(2			
				<del></del>
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )				<del></del>
				<del></del>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		er the name of the	<u>e</u>	
Name of New Registered Agent				
	lorida street address)			
·	tor sau sir ees daar essy			
New Registered Office Address:	(City)	, Florida	a(Zip Code,	)
	(City)		(Zip Code,	•
New Registered Agent's Signature, if changing Registere	d Agent:			
I hereby accept the appointment as registered agent. I am j	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.

Example: 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)	<u>Title</u>	<u>Name</u>	Address
1) Change	VTS	LESLIE R LIEN	3280 MIDSHIP DRIVE
X Add			NORTH FORT MYERS FL 3390.
Remove			
2) Change			
Add			
Remove			
3)Change	<del></del>		
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate $N/A$ )		
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	provisions for implementing the amer	adment if not contained in the amendment itself:
	(y not approvate, mateure (1711)	
	<del></del>	

The date of each amendment		, if other than th
date this document was signed		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	late will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	t(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	der
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
08/05	/15	
Dated	Bucker	
(E	y a director, president or other officer - if directors or officers have not been	n
se	elected, by an incorporator - if in the hands of a receiver, trustee, or other co	
ap	ppointed fiduciary by that fiduciary)	
	BRADLEY J LIEN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	