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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Harbor Woods Dri	ve Home, INC	
DOCUMENT NUMB	ER: P15000076722		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
!	Kendra German		
-		Name of Contact Person	1
I	Harbor Woods Drive Home,	Inc	
-		Firm/ Company	
	1224 7th St South		
-		Address	
:	Safety Harbor FI 34695		
-		City/ State and Zip Code	•
tmoby	adt@tampabay.rr,com		
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Kendra German		727 at (451-0242
Name o	Area Code & Daytime Telephone in		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

17 JUN 30 78 IO-32

Hocher L	2000g	Davo	Ham.	$\sum_{n=1}^{\infty} C_n$
(Name of Corpora	tion as currently filed	with the Florid	a Dept. of State)	+ All
(Don	ament Number of Corp.	ontine (iften		
(1)00(1)	ament Number of Corp.	oration (if known	1)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florid</i>	a Profit Corpora	tion adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the	corporation:			
, 	-,		-	The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	p," "Inc," or "Co".			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL				
				· · · · · · · · · · · · · · · · · · ·
	<u> </u>			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
				
D. If amending the registered agent and/or regist	ered office address in	Florida, enter t	he name of the	
new registered agent and/or the new registere				
Name of New Registered Agent		·,		
	(Florida street add	ress)		
New Registered Office Address:			Florida	
	(City)			(Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered agent.	I am familiar with an	id accept the obli	igations of the posi	tion.
Sig	nature of New Register	red Agent, if chai	nging	

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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	Shelton Lund	1224 7th St South
x Add			Safety Harbor Fl 34695
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			- 17 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Remove			

ch additional sheets, if necessary). (Be sp	pecific)
······································	
<u> </u>	
	•
	and and another an expectation of igned shares
ovisions for implementing the amendment	reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	If not contained in the unknowned riser.
(ly not appricable, material tox)	

	, if other than the
The date of each amendment(s) adoption:	, it other than the
Effective date if applicable:	
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 a document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
1	
by	
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.	
Dated 6-27-17	Hill
(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)	~ i .
(Typed or printed name of person signing) King Steen Again Provide (Title of person signing)	<u>, HII</u>
(Typed or printed name of person signing)	
Kysteira Agent Preside	rit
(Title of person signing)	