P16000015800

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SECRETARY OF STATE TALLAHASSEE, FLORE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	^	DOC Home witch	Home Inspections	& Property Management
The enclosed Articles of A		bmitted for filing.		
Please return all correspond	lence concerning this ma	tter to the following:		
	Pierre	For tip Name of Contact Person	1	
	9653 <u>Gro</u> v	Firm/Company <u>e Heights</u> Address		
		FL 321 City/ State and Zip Code	59	
<u>H</u>	umble abode E-mail address: (to be us	Services # Ya	hod. (am notification)	
For further information cor	cerning this matter, pleas	se call:		
Pierre F Name of Co	Tortin ntact Person	at (352 Area Coo	933-4569 de & Daytime Telephone Numbe	r
Enclosed is a check for the	following amount made	payable to the Florida Depa	riment of State:	
S35 Filing Fee	S43.75 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)	
Division P.O. Box	ent Section of Corporations	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee 4. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation

Humble ABODE Hime Watch, Home IN (Name of Corporation as current	Spections & Property Management INC by filed with the Florida Dept. of State
P160000158	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amediant(s) to
A. If amending name, enter the new name of the corporation:	
Hunble Abode Home Inspections & Home 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."	company," or "incorporated" or the abbreviation "Corporation name must contain the word "
B. Enter new principal office address, if applicable:	Pierre Fortin
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	39653 500:e Heights
	Lady Lake, FL 32159
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	<u>s:</u>
	Fortin (Einsting)
39653 Grove (Florida st	e Heights rect address)
New Registered Office Address: Le. dy Le	Ke Florida 32159 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New I	t: with and accept the obligations of the position. Registered Agent, if changing
Check if applicable	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11)) (c), F.S.

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	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>		<u>Address</u>
1) Change			<u> </u>	
Add				
Remove				
2) Change			NA	
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amenung or adding ad tach <i>additional sheets, i,</i>	lditional Articles, enter ch f necessary). (Be specific	nngets) nere. I			
					
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<u>an amendment provid</u>	es for an exchange, reclass	ification, or cance	llation of issued sh	ares,	
rovisions for implement (if not applicable, inc	iting the amendment if no	t contained in the	amendment itself:		
(у пол аррисанс, ин					
	N/A				
			.		
					
					

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
meetive date in applicable.	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	nted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the ficient for approval.	he amendment(s)
	oved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes east t	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated7 -	29-2022	
Signature	Jul Br	
	ector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, truste	
	d fiduciary by that fiduciary)	ec, or other court
	Page Eali.	
-	Pierre Fortip (Typed or printed name of person signing)	
	fresident	
-	(Title of person signing)	