# P16000020224

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### **COVER LETTER**

TO: Amendment Section  Division of Corporations	
NAME OF CORPORATION: MACK'S Home Services INC	
DOCUMENT NUMBER: P16006020224	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MATTHEW JAMES MCCLELLAN  Name of Contact Person	
MACK'S Home Services Inc	
Firm/ Company	
399 Sw BosTon Ter	
Address	
City/ State and Zip Code	
Hometown Construction groupine agmain E-mail address: (to be used for future annual report notification)	1.
For further information concerning this matter, please call:	
Matthew McClellan at (352) 316-2055  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 \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ Certificate of Status	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

#### Articles of Amendment to Articles of Incorporation of

Mack's Home Services	Inc	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P16600020224		
	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following ame	ndment(s) to
A. If amending name, enter the new name of the corporation;		
HOMETOWN CONSTRUCTION  name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	n," "company," or "incorporated" or the abbrevi Co". A professional corporation name must contai	new iation in the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	399 SW BOSTON TO Fort white, FL 320	<u>=</u> 4 <u>)</u> 38
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	399 SW Boston Ter Fort white, FC 3203	
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:		1 W 17
Name of New Registered Agent		골 [
(Florida stre	المار المار	4:10
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi		
Signature of New Re	gistered 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>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			/
Remove			
3) Change			
Add			4
Remove			***************************************
4) Change			
Add			
Remove			
5) Change		_/	
Add	/		
Remove			
6) Change			
Add			
Remove			

suden <i>aaamondi Si</i>	heets, if necessary).	(Be specific)			
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provisions for imp	provides for an excha plementing the amen ble, indicate N/A)	ange, reclassificati	on, or cancellatio	n of issued shares, dment itself:	
	·· <del>···</del>				·
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: 05-15-2017	<del></del>
(no more than 90 days after amendment file date)	
<b>Note:</b> 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)	ر. هست مدای
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	夏五
☐ 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	F. C.
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MATTHEN JAMES MCCHOllan (Typed or printed name of person signing)	
President	
(Title of person signing)	