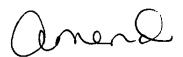
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May 12, 2016

Houzio Inc. 11810 Glen Wessex Ct. Tampa, FL 33626

SUBJECT: HOUZIO INC Ref. Number: P16000029730

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document to

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 016A00010009

TO: Amendment Section

COVER LETTER

	Division of Corporations	Division of
·	TE OF CORPORATION: HOUZIO, TOC	NAME OF C
· .	CUMENT NUMBER: P110000099730	DOCUMENT
,	enclosed Articles of Amendment and fee are submitted for filing.	The enclosed
	se return all correspondence concerning this matter to the following:	Please return a
· · ·	Lindsay Audelotte	
•	Name of Consact Person	
	Firm/ Company	·
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e Number	Name of Contact Person Area Code & Daytime Telephone	
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Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

Articles of Amendment to Articles of Incorporation of

(Name	of Corporation as cu	irrently filed v	vith the Flor	ifig Dept. of State) N 10	
	<u>· :·</u>		· · ·	OF Con-	M 12: 52	
	(Document Nur	nber of Corpor	ation (if know	ELAHARRI DI	STATE	
ursuant to the provisions of section 607.	.1006.:Florida Statule	s, this <i>Florida</i>	Profit Corpo	ration adopts the	r I ORINA Iollowing timen	ndment
Articles of Incorporation:						
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me must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc, ation," or the abbrevi	" or "Co". A	professional	corporation name	e must contair	ı the
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. If amending the registered agent ar	nd/or revistered offic	e address in F	lorida, enter	the name of the	,	
new registered agent and/or the ne	w registered office a	ddress:			;; · ·	
Name of New Registered Agent		:		• • • • • • • • • • • • • • • • • • • •	•	.::
	(FIA	rida street addre		<u> </u>	 	
	1042	THE STREET WHAT				
New Registered Office Address:				, Florida_		_ :
		(City)		:	(Zip Code)	
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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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	<u>∧ddres</u> s
1) Change	- Ham Wrzesnien	sky 14724 San Marsala
Add		Tumpa FL 334240
Remove		
2) Change	V Harta Wreenewski	H724 San Mosala
X Add		Janpa, FL 331020
Remove		
3) Change		
Add		· · ·
Remove		
4) Change		
Add		
Remove		<u>:</u>
5) Change		
Add		
Remove		
6) Change		
Add		·
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The date of each amendment(s) adoption	n:		, i	f other than the
date this document was signed.			:::	· .
Effective date if applicable:		<u> </u>	. ::	
· · · · · · · · · · · · · · · ·	(no more than 90 days a	fter amendment file date)		
Note: If the date inserted in this block of document's effective date on the Department		tutory filing requirement	s, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
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☐ The amendment(s) was/were approved must be separately provided for each t				
"The number of votes cast for the	amendment(s) was/were suffici	ent for approval		
by	(voting group)	***	:	
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The amendment(s) was/were adopted b	y the board of directors without	shareholder action and sl	hareholder	
action was not required.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
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