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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number))		
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AUG 3 0 2016 C. CARROTHERS

COVER LETTER

Division of Corporations
NAME OF CORPORATION: By Faith Home Miler & Companion Services, Inc. DOCUMENT NUMBER: 216000 62149
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tarsha P. Molacking Name of Contact Person By Faith Hame Maker + Companion Cemais, Inc. Firm/ Company Address Palm Coast, Fl. 32/64 City/ State and Zip Code - Ausha Majuking a Mail on E-mail address/ (to be used for future angual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (386) (27-593) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 currently fi	led with the Florida Dept. of State)		
P//2000/22/49			
(Document Number of Co	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the fo	llowing amendn	nent(s)
is rule es of neorpotation.			
A. If amending name, enter the new name of the corporation:	Pending Ina	en.	
name must be distinguishable and contain the word "corporation,"	"company" or "incorporated" or	The ne	
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co			
word "chartered," "professional association," or the abbreviation "P.A			
To 27			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
(17 melput office duaress stort was northware industrials)		: 5-53	
			· ";
C. Enter new mailing address, if applicable:			Endermone Files makes
(Mailing address MAY BE A POST OFFICE BOX)		24 N	
		F = 1	
-		25 00	
	-	, er	-
D. If amending the registered agent and/or registered office address	in Florida, enter the name of the		
new registered agent and/or the new registered office address:			
Name of New Registered Agent			
· Name of New Registered Agent			
(Florida street	address)		
New Registered Office Address:	, Florida_		
(Ci	ry)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the pos	sition.	
Signature of New Read	istered 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>	<u>Addres</u> s
l) Change			
Add			
Remove	,		· .
2) Change			
Add			
Remove		·	
3) Change			
Add Remove			
4) Change		<u></u>	
Add			
Remove			
5) Change			
Add			
Remove			
			·
6) Change			
Add			
Demove			

	neets, if necessary).	icles, enter chang (Be specific)			
	,				
	<u> </u>				
					
					
•					
					
an amendment p	rovides for an exc	hange, reclassific	ation, or cancellat	on of issued sha	res,
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rovisions for imp	provides for an excluder stress of the same ble, indicate N/A)	hange, reclassific endment if not co	ation, or cancellat ntained in the ame	on of issued sha indment itself:	res <u>,</u>
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The date of each amendment(s) adoption date this document was signed.	: _68/18/16		, if other than the
Effective date <u>if applicable</u> :			
	(no more than 90 days a	fter amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department		tutory filing requirements, this date w	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
by the shareholders was/were sufficient		of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved be must be separately provided for each vo			
"The number of votes cast for the	amendment(s) was/were suffici	ent for approval	
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
·	(voting group)		
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without	shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shar	eholder action and shareholder	
Dated 08/18/16			
Signature (Jacob	in I elilled	10	
		irectors or officers have not been	
	i incorporator – if in the hands of ciary by that fiduciary)	of a receiver, trustee, or other court	
	- Dome		
	Prsha P. 1116/60	Leng	
	(Typed or printed name of	person signing)	
(Vigorday +		

(Title of person signing)