

PK000 096 779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

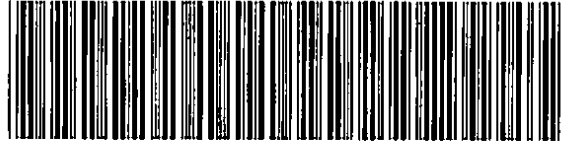
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2019 DEC 16 AH 9:55

SECY DIV 7
FALL ARREST, FLORIDA

Amend

DEC 18 2019

I ALBRITTON

MAILED
11/2/19

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Home Exterior Industries Inc.

DOCUMENT NUMBER: PL6000096779

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darren McKee
Name of Contact Person

Firm/ Company

1110 N. LEAVITT AVE
Address

ORANGE CITY, FL 32763
City/ State and Zip Code

heirinc32763@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darren McKee at (407) 669- 2296
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2019

DARREN MCKEE
1110 N. LEAVITT AVE
ORANGE CITY, FL 32763

SUBJECT: HOME EXTERIOR INDUSTRIES INC.
Ref. Number: P16000096779

We have received your document for HOME EXTERIOR INDUSTRIES INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 119A00024442

RECEIVED
DEC 16 10:15
11

Articles of Amendment
to
Articles of Incorporation
of

Home Exterior Industries Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000096779

(Document Number of Corporation (if known))

rsuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to
Articles of Incorporation:

If amending name, enter the new name of the corporation:

*The new
me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation
"corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the
ord "chartered," "professional association," or the abbreviation "P.A."*

Enter new principal office address, if applicable:
Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

**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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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:*

* = 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Share allocation adjustment:

P Michele McKee will be adjusted to 30 shares of percentage of ownership.

General Manager Darren McKee will be added to 170 shares of percentage of ownership.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

Share allocation adjustment:

P - Michele McKee will be adjusted to 30 shares of percentage of ownership.

General Manager - Darren McKee will be added to 170 shares of percentage of ownership.

late of each amendment(s) adoption: _____, if other than the
his document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ment's effective date on the Department of State's records.

tion of Amendment(s) (CHECK ONE)

ie amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
y the shareholders was/were sufficient for approval.

ie amendment(s) was/were approved by the shareholders through voting groups. The following statement
ust 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)

ie amendment(s) was/were adopted by the board of directors without shareholder action and shareholder
tion was not required.

ie amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
ion was not required.

Dated 11/2/19

Signature Michelle McKee
(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)

Michelle McKee
(Typed or printed name of person signing)

President
(Title of person signing)