Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: CONTRACTORS REPORTING SERVICES, INC. Account Name

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

info@activatemylicense.com

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN HEALTHY HOMES AMERICA INCORPORATED

Certificate of Status	0
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From: Bill Moore

Fax: (813) 932-5244

To:

Fax: (850) 817-8380

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: HEA	THY HOMES A	MERICA INCO	DRPORATED		
DOCUMENT NUMBER:P16000099243						
The enclosed Artic	cles of Amendment and fee a	re submitted for t	iling.			
Please return all co	orrespondence concerning th	s matter to the fo	llowing:			
		BILL MOORE				
	1	ame of Contact Person	on			
	CONTRACTORS	REPORTING S	SERVICE, IN	c		
		Firm/ Company				
	1379	5 N Nebraska	Ave			
		Address				
	· · · · · · · · · · · · · · · · · · ·	mpa, FL 336				
	(	ity/ State and Zip Co	de			
	INFO@ACTI E-mail address: (to be use	ATEMYLICENS I for future annual re		V		
For further informa	ation concerning this matter,	please call:				
	BILL MOORE	at	(813) 932 - ode & Daytime Te	5244		
	of Contact Person					
Enclosed is a chec	k for the following amount r	ade payable to th	e Florida Depar	tment of State:		
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filir Certified Co (Additional	_	■ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section		Street Addi				
			Amendment Section			
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building			
Tallahassee, FL 32314			unig tive Center Circ	le		
Lananassoc	4, 4 4, 2 de 2 t T	Tallahassee.	=	10		

To:

Fax: (850, 617-6380

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## Articles of Amendment

to

(((H18000319223 3)))

## Articles of Incorporation of

	HEALTHY HOMES AMERICA INCORPORATED				
( <u>Na</u>	me of Corporation as currently filed with the Florida Dept. of State)				
	P16000099243				
	(Document Number of Corporation (if known)				

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

amendment(s) to its Articles of Incorporation:	:		
A. If amending name, enter the new name	of the corporation	<u>n:</u>	
			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "p.	he designation "Ĉ	orp," "Inc," or "Co". A	or "incorporated" or the A professional corporation
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		1010 PARK COUR SAFETY HARBOR,	
<ul> <li>C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)</li> <li>D. If amending the registered agent and/or new registered agent and/or the new registered.</li> </ul>	TCE BOX) registered office		FL 34695
Name of New Registered Agent:	DUANE_WRIG		_
New Registered Office Address:	14 BOOTH E	BLVD (da street address)	_
	SAFETY HAR (City)		, Florida <u>34695</u> Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	lagent. I		obligations of the position.
	Signature of New	Registered Agent, if cha-	nging

Page 1 of 3

	nd title, name, and address of each ditional sheets, if necessary)	Connect and/or for ector being added.	(((H1800031922
(2.1111077 0411			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	DUANE L WRIGHT	_ 5848 DAILEY LANE	☐ Add
	· ·	NEW PORT RICHEY, FL 34652	☑ Remove
P	CHAD BAUR	1010 PARK COURT; UNIT F	<b>5</b> Add
		SAFETY HARBOR, FL 34695	☐ Remove
VP	STEVE THEREIAULT	1010 PARK COURT; UNIT F	<b>≨</b> Add
		SAFETY HARBOR, FL 34695	Remove
			□ Add
			□ Remove
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E 16			□ Add □ Remove
	ding or adding additional Articles additional sheets, if necessary). (Be	, enter change(s) here:	
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(attach a	mendment provides for an exchangions for implementing the amendm	, enter change(s) here: e specific) ge, reclassification, or cancellation of issued sha	Remove
F. If an a	mendment provides for an exchangions for implementing the amendm	, enter change(s) here: e specific) ge, reclassification, or cancellation of issued sha	Remove
F. If an a	mendment provides for an exchangions for implementing the amendm	, enter change(s) here: e specific) ge, reclassification, or cancellation of issued sha	Remove

From: Bill Moore	Fax: (813) 932-5244	To:	Fax: (850) 817-6389	Page 5 of 5 11/05/2018	4,23 PM
			(((H18	000319223 3)))	
	of each amendment(s) adop ocument was signed.	tion: November 5	, 2018		_, if other than the
Effective o	date if applicable: Novem	ber 5, 2018			
		(no more	than 90 days after amendmen	file date)	
	he date inserted in this bloc s effective date on the Depar		applicable statutory filing records.	quirements, this date will	not be listed as the
Adoption	of Amendment(s)	(CHECK ON	D		
	nendment(s) was/were adopte shareholders was/were suffic		rs. The number of votes cast for	or the amendment(s)	
			ers through voting groups. The teled to vote separately on the c		
***	The number of votes cast for	the amendment(s) v	has/were sufficient for approva	ı	
Ь	v			**	
	· · · · · · · · · · · · · · · · · · ·	(voting group)		-	
	nendment(s) was/were adopte was not required.	d by the board of di	rectors without shareholder act	ion and shareholder	
	nendment(s) was/were adopte was not required.	d by the incorporate	ors without shareholder action a	and shareholder	
	Dated November 5, 2	2018			
	Signature	ea. Wright		<del></del>	_
			er officer – if directors or offic if in the hands of a receiver, to		

appointed fiduciary by that fiduciary)

Wright Duane L

(Typed or printed name of person signing)

President

(Title of person signing)

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