

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bi	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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06/20/17--01024--022 **35.00

And

JUN 22 2017

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	ven House Inc
DOCUMENT NUMBER: P17000	005411
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Ton	Brown
/	Name of Contact Person
HAVO	n House Inc
_	Firm/ Company
Po.	Box 1525
	Address
Fort	Mes , FL 33902
	City/ State and Zip Code
E-mail address: (to b	215 (a) hotmail. com ne used for future annual report notification)
For further information concerning this matter, p	please call:
Tony Brown	at (2/9) 378 - 6900 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Statu	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2017

TONY BROWN P.O. BOX 1825 FORT MYERS, FL 33902

SUBJECT: HAVEN HOUSE INC Ref. Number: P17000005411

We have received your document for HAVEN HOUSE 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.

Rebekah White Regulatory Specialist II

Letter Number: 917A00010372

· Articles of Amendment to

of	
this the UK	
(Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	. `
ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following s Articles of Incorporation	g amendment(s)
. If amending name, enter the new name of the corporation:	
	·
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must c ord "chartered," "professional association," or the abbreviation "P.A."	The new breviation ontain the
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	- ,,,,,,
	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	
If amonding the registered agent and/or registered office address in Planta, and with a name of the	
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)	
Non Positional CE to Address.	
New Registered Office Address:, Florida	ode)
(,
ew 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	

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)

Remove

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	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	Junifer Cha	heralier 18224 mediter	gregi
Add Remove			Bld, Unit 1706 Miani, pl 33015	<u>-</u>
2) Change		 		
Add Remove				
3) Change			·	
Add				_ _
4) Change Add				_
Remove				
5) Change Add				_
Remove				-
6) Change				_
Add				_

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
(De apecific)	
	-
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	·
If an amendment provides for an exchange, reclassification, or cancellation of issues the second of	ued shares,
provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	nsen:
	\

	ent(s) adoption:, if other than the
date this document was sign	
Effective date <u>if applicabl</u>	£:
	(no more than 90 days after amendment file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the n the Department of State's records.
Adoption of Amendment((CHECK ONE)
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):
"The number of ve	tes cast for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
action was not required.	were adopted by the board of directors without shareholder action and shareholder
Dated	5-15-17
Signature	(By a director, president or other officer – if directors or officers have not been
	(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)
	Town Parin
	(Typed or printed name of person signing)
	President
	(Title of person signing)