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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: HIGHLAND HOMES, INC. DOCUMENT NUMBER: P17000015051 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MATTHEW A LADD Name of Contact Person HIGHLAND HOMES, INC. Firm/ Company 1135 EAST AVENUE Address CLERMONT, FL 34711 City/ State and Zip Code MATT@HIGHLANDREALESTATE.BIZ E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MATTHEW A LADD at (352) 394-8686

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation	4	
of	. ,	

Highland How	Articles of Incorporation of		-' ''' '' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
(Name of Corporat	ion as currently filed wit	th the Florida D	ept. of State)
(Docur	ment Number of Corporat	ion (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Pi	rofit Corporation	adopts the following amendment
A. If amending name, enter the new name of the co	orporation:		
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o." "Inc," or "Co". A p		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		NA	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	N/A	
D. If amending the registered agent and/or registenew registered agent and/or the new registered Name of New Registered Agent		rida, enter the n	ame of the
Name of New Registered Agent			
	(Florida street address	j	
New Registered Office Address:	(City)		, Florida(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and ac	ecept the obligati	ons 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)

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.

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
I) Change	VP	DARRYL A LADD	1135 EAST AVENUE
Add			CLERMONT, FL 34711
X Remove			
2) Change	VP	MATTHEW A LADD	1135 EAST AVENUE
X Add			CLERMONT, FL 34711
Remove			
3) Change	***		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
!			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	ange(s) here:
	NA
aaaaaaa	
	<u> </u>
f an amendment provides for an exchange, reclassi	fication, or cancellation of issued shares,
f an amendment provides for an exchange, reclassi provisions for implementing the amendment if not	contained in the amendment itself:
(if not applicable, indicate N/A)	
	1/A
	-
	- Met

The date of each amendment(s) adoption:, if other that date this document was signed.
•
Effective date if applicable: 7-31-17 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 7-31-17
Dated 7-31-17 Signature X Mathin Ladd
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President (Title of person signing)
(Title of person signing)