P17000022633

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AUG 3 0 2017

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: SOS Homes Solutions Inc. DOCUMENT NUMBER: 7 170000 22 633	
DOCOMENT NOMBER.	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Richard Ouellette. Name of Contact Person	
SOS Homes Solutions Inc.	
H109 Everett Ave. Address Middleburg, FL 37068 City/ State and Zip Code	<u>.</u>
Coue a hot mail, com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
For further information concerning this matter, please call: Product Overlette at (904) LoSU-4270 France of Contact Person Area Code & Daytime Telephone Number France Product Person Product Person	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle



August 17, 2017

RICHARD OUELLETTE SOS HOMES SOLUTIONS INC. 4109 EVERETT AVE MIDDLEBURG, FL 32068

SUBJECT: SOS HOMES SOLUTIONS INC.

Ref. Number: P17000022633

We have received your document for SOS HOMES SOLUTIONS INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are missing pages 2 & 3 of your application. You must submit all 4 pages.

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.

Diane Cushing Senior Section Administrator

Letter Number: 717A00016872

T stapled all the paper work together

[Anithin Unellette

Articles of Amendment

	to		S. S.
,	Articles of Incorporation		2, 3,
	of	_	
SOS Hom	les Solutions	Inc.	
(Name of Corp	oration as currently filed with th	ie Florida Dept. of State)	, ,
D 170	NAA 33 (23		
	000 22633 Ocument Number of Corporation ((if Irroum)	
(1.	ocument Number of Corporation ((II Khown)	
ursuant to the provisions of section 607.1006, F s Articles of Incorporation:	lorida Statutes, this <i>Florida Profit</i>	* Corporation adopts the fo	llowing amendment(s)
. If amending name, enter the new name of t	he corporation:		
SAS Site	Contractors]	Tna.	The new
ame must be distinguishable and contain the	COVITACIONS	v" or "incorporated" or	
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation " vord "chartered," "professional association," o	Corp, " "Inc," or "Co". A profe	ssional corporation name	must contain the
		NIIn	
. <u>Enter new principal office address, if appli</u> Principal office address <u>MUST BE A STREET</u>		10/34	
rincipal office dauress MOST BE A STREET	<u> </u>		<u> </u>
	**		
			
Enter new mailing address, if applicable:	E BOV	NIA	
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>		
	<u></u>		
	<u>-</u>		
to the state of th	wistough office address in Florid	a untur the name of the	
 If amending the registered agent and/or re new registered agent and/or the new regist 	ered office address in Fioria	a, enter the name of the	
new registered agent and/or the new regist	. / >		
Name of New Registered Agent	N/A		
	,		
	(Florida street address)		
	(Fiorida sireei daaress)		
New Registered Office Address:		Florida	
	(City)		(Zip Code)
	•		
iew Registered Agent's Signature, if changin	g Registered Agent:		
hereby accept the appointment as registered as	gent. I am familiar with and acce	pt the obligations of the po.	sition.
	N. I. O.		
	N A Signature of New Registered Age	ent if changing	
	aignature of New Negistered Age	m, g 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>	Address
1) Change		A\/	
Add			
Remove			
2) Change		N A	
Add		·	
Remove			
3) Change		N/A	
Add		•	
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add		- -	
Remove			
TOMOVO			
6) Change		N/A	·
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	1,0
	N//*
	——————————————————————————————————————
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
annoideana fan imml	adment if not contained in the amendment itself:
provisions for implementing the amen	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 7/28/17 (no more than 90 days after amendment file date)	
(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 dat document's effective date on the Department of State's records.	e will not be listed as the
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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated7/28/17	
Signature Cockare Such Control Cockare Such Control Cockare Such Cockare Suc	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cour appointed fiduciary by that fiduciary)	l
Richard Ouellette (Typed or printed name of person signing)	-
,	
President / Owner (Title of person signing)	
(Title of person signing)	