P100087605

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
_	_	
(Bu	isiness Entity Nam	ne)
(Dc	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: 7 C'S HOME IMP	ROVEMENTS INC.		
DOCUMENT NUM	IBER: P17000087605			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	MATTHEW CAVE			
		Name of Contact Perso	n	
	7 C'S HOME IMPROVEME	NTS INC.		
		Firm/ Company		
	811 NE 43RD STREET			
		Address		
	OCALA, FL 34479			
		City/ State and Zip Coc	le	
MA	TTHEWCAVE90@GMAIL.C	ОМ	<i>;</i>	
	-	sed for future annual report	t notification)	
For further informati	on concerning this matter, pleas	se call:		
MATTHEW CAVE		352 at (304-3993	
Name of Contact Person		at (352) 304-3993 Area Code & Daytime Telephone Number		
Enclosed is a check t	for the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations		Amen	Address dment Section on of Corporations	
). Box 6327		n Building	
Та	llahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

7 C'S HOME IMPROVEMENTS INC

(Name of Corporation :	as currently filed with the Florida Dept	. of State)
P17000087605		
(Document	t Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida St its Articles of Incorporation:	tatutes, this Florida Profit Corporation ad	lopts the following amendment(s)
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"Inc," or "Co". A professional corpora	ation name must contain the
B. Enter new principal office address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRI	<u>ESS</u>)	5 F
		- 一つ ジ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20
(Framing data ess man 1 mon 1		•••
		<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	<u>l office address in Florida, enter the nar</u> fice address:	ne or the
_		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:	ne of the position
I hereby accept the appointment as registered agent. I a	am jamiliar wun ana accept ine obugunor	is try me position.
•		
Signati	ure 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.

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)	Title	Name	<u>Addres</u> s			
1) Change	D	DAVID B. CAVE	811 NE 43RD STREET			
X Add			OCALA, FL 34479			
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

	ng additional Artests, if necessary).	(Be specific)				
						
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	rovides for an ex-	change, reclassi	fication, or cancel	lation of issued s	<u>hares,</u>	
f an amendment p	Jementing the Sit	<u>ienament it not</u>	contained in the a	mendment usen.	•	
provisions for imp	ole, indicate N/A)					
provisions for imp	ble, indicate N/A)					
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provisions for imp	ble, indicate N/A)					
provisions for imp (if not applicab	ble, indicate N/A)					
f an amendment p provisions for imp (if not applicab	ble, indicate N/A)					

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (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 wildocument's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
Signature (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)	
President (Title of person signing)	