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SEP 1 / 2003

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: FLOORCRON F	HOMES INC			
DOCUMENT NUMBE	CR: P170000094528	·			
	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
	V	ALERIA PERROGON			
<del></del>	Name of Contact Person				
FLOORCRON HOMES INC					
Firm/ Company					
		1525 CURLEW AVE			
Address					
NAPLES FL 34102					
		City/ State and Zip Code	2		
	ODEAIR@HOTMA	AIL.COM			
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information of VALERIA PERROGO	concerning this matter, pleas	239	595-9830		
Name of Contact Person		at (	)de & Daytime Telephone Number		
,	he following amount made				
S35 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)		
Amen Divisi P.O. B	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

## FILED

FLOORCRON INC

2811 SEP -7 P 3: 53

(5)		1018 2FL - 1 15 3: 83
(Name of Corporation as curren	tly filed with th	e Florida Dept. of State)
P17000	094528	
(IV A VI L	.60	ALLAHASCE FLORICA
(Document Number	or Corporation (i	( Kilowii)
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit	Corporation adopts the following amenda
If amending name, enter the new name of the corporation:		
HE CRONENBOLD HOMES INC		The ne
ame must be distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A profes	
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 amending the registered agent and/or registered office ad	dress in Florida	enter the name of the
new registered agent and/or the new registered office addre		
Name of New Registered Agent		
rame of the registress figure		<del></del>
	eteast addense)	<u> </u>
(Florida s		
(Florida s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Florida s New Registered Office Address:	(City)	, Florida

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			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) Change	VP	WALTER R MARTINEZ BOWLES	1525 CURLEW AVE		
Add			NAPLES FL 34102		
X Remove					
2) Change	VP	BROOKE JULIANNA HILL	1525 CURLEW AVE APT 1		
X Add			NAPLES FL 34102		
Remove					
3 ) Change	CEO/T	ELENA CRONENBOLD	1525 CURLEW AVE APT I		
X Add			NAPLES FL 34102		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

. If amending or adding additional Arti (Attach additional sheets, if necessary).	
	<del></del>
<del></del>	
<u> </u>	
If an amandment provides for an eval	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A) ART IV: 1000 SHARES WILL BE DISTR	RIBUTED AS FOLLOWS:
	RONENBOLD 50%, AND BROOKE JULIANNA HILL 25%
7.12.53.11 1 B.14.0001. 20 11, D.25.41 0.	

8/23/2018	
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 will document's effective date on the Department of State's records.	iot 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 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)	
(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.	
8/23/2018	
Dated	
Signature Office 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)	
VALERIA PERROGON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	