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SECRETARY OF STATE ALLAHASSEE.FLORID

STATE FLORIDA

MAY 2 1 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CHOICE	HOME	IMPRO	OVEMENT, INC.
DOCUMENT NUMBER:				
The enclosed Articles of Amendi				
Please return all correspondence	concerning this ma	tter to the follo	wing:	
	_			
	DAVID_	J SH	EPARI) JK
		rank or co	intract i croon.	•
	<u>CHOICÉ</u>	HOME Firm/C	INP ompany	POVEMENT, INC.
	1322 (1			
		Add	dress	
Pi	unta Go	RDA, F	? <u>2</u>	33983
	- <u>-</u> -	City/ State a	and Zip Code	;
— She E-ma	pard 130 Taddress: (to be us	a Qual	nnual report	notification)
For further information concerni	ig this matter, pleas	se call:		
David Shepard		at (941	
Name of Contact	Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made [payable to the l	Florida Depa	rtment of State:
~	.75 Filing Fee & tificate of Status	S43.75 Fil Certified ((Additional enclosed)	Copy	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address				Address
Amendment Se Division of Co		Amendment Section		
P.O. Box 6327	раваноня	Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

CHOICE HOME IMPROVEMENT INC
(Name of Corporation as currently filed with the Florida Dept. of State)
ρι8 ουσοο 8544
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. 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 J. Kelly Shepard (Correct + Name) 1322 Capricora Blud (Florida street address)
(Florida street address)
New Registered Office Address: Punta Gorda Florida 33983
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. July July

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	· Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	PTD	J. Kelly Shepard	1322 Capricum Blud
Add			<u>Punta Gorda, Florida</u> 33983
2)	_S	David J. Shepard Je	1320 Capricorn Blud Punta Gorda, FL.
Remove 3) Change Add			33983
Remove 4) Change Add			
Remove			
5) Change Add			
Remove 6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
<u></u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(i) his applicable, marcare is in	

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date <u>if applicable</u> : (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 as the 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.
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)
TAVID J SHEPARD JR (Typed or printed name of person signing)
Secretary (Title of person signing)