## P18000008544

(Req	uestor's Name)	·
(Add	ress)	
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(City,	/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	CHOICE HOME IMPROVEMENT, INC.
	P18000008544
The enclosed Articles of Amenda	nent and fee are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
 	Name of Contact Person  CHOICE HOME IMPROVEMENT, INC.  Firm/ Company  1322 CAPRICORN BLVD  Address  LNTA GORDA, FL 33983  City/ State and Zip Code  Dard 1322 Quahoo, Com  I address: (to be used for future annual report notification)
For further information concernin	g this matter, please call:
	Person at (941) 456-6953  Area Code & Daytime Telephone Number
S \$35 Filing Fee □\$43	.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee tificate of Status (Additional copy is enclosed)  Lambda Status (Additional Copy is enclosed)
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, Fl.	ction Amendment Section porations Division of Corporations Clifton Building

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)	
D18000008544	
(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 amendments Articles of Incorporation:	ent(s) to
A. If amending name, enter the new name of the corporation:	
The $nev$	a.
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."	n e
3. 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 office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	•
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the priority of the second secon	ה = ח ס:
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.

Example: $\underline{X}$ Change	PT Joh	nn Doc	
$\underline{X}$ Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		Kelly M. Shepard	1322 Copnearn Blud
Add Remove		·	Punta Corda, Fl 3983
2) Change			
Add Remove			
3 ) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change	<del></del>		
Add Remove			

Attach additional sheets, if necessary).	(Be specific)	<u>1ere</u> :		
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f an amendment provides for an exc	hange, reclassification	, or cancellation of i	sued shares,	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not contain	<u>ied in the amendmen</u>	t itself:	
(y ma appreame, maicae way				
				_
				_

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 not be listed as 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
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by
<ul> <li>□ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>☑ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> </ul>
<ul> <li>□ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>☑ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> </ul>
action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
action was not required.
Dated May 16. 2018
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)