P18000025683

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: SOP'S HOME REPAIR = Improvements INC. DOCUMENT NUMBER: P1800025683
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Kes Name of Contact Person SOP's Hone Repair of Improvements Inc Firm/Company 107 Bacroughs DR Address Cast FL 32137 City/ State and Zip Code Lisa & Sadler bookkeeping. Com E-mail address: (to be used for future annual report dotification)
For further information concerning this matter, please call:
Jennifer Kes at 386, 338-1859 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

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	Articles of Incorporation	
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Sap's Hom	e REDring Land	or a well-the ends. Two
(Name of Corpor	ation as currently filed with the Floor	da Dept. of State)
P	18 0000 2568.	
(Doc	cument Number of Corporation (if know	n) (77.000E, 71.
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corpor</i>	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
Kee C	onstruction I	~ n) e
name must be distinguishable and contain the v		
name must be aistinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A professional	
B. Enter new principal office address, if applica	ble:	
(Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	POV:	
(Mailing dairess MAT DE A FOST OFFICE)	50.1/	<u> </u>
D. If amending the registered agent and/or regis		the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing F	legistered Agent:	
I hereby accept the appointment as registered agen	t. I am familiar with and accept the obl	ligations of the position.

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: X Change	<u>PT</u>	John Do	<u>)c</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change		_			
Add					
Remove					
2) Change					
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add		_			
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

	f necessary). — (Be	enter change(s) h- specific)			
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an amendment provide	s for an evehance	reclassification	ar cancellation of i	cenod charac	
provisions for implement	ting the amendme	reclassification, nt if not contained	or cancellation of i d in the amendmer	ssued shares, it itself:	
an amendment provided provisions for implement (if not applicable, ind.	ting the amendme	reclassification, nt if not containe	or cancellation of i d in the amendmer	ssued shares, it itself:	
provisions for implement	ting the amendme	reclassification, at if not containe	or cancellation of i d in the amendmer	ssued shares, it itself:	
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provisions for implement	ting the amendme	reclassification, nt if not containe	or cancellation of i	ssued shares, it itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: $I-I-2019$	
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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 east 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.	
Dated	
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)	
(Title of person signing)	