P 180000 75358

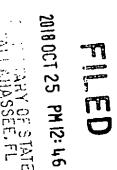
(Requestor's Name)
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C. GOLDEN NOV -1 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: VECTOR HOME	IMPROVEMENT INC	
DOCUMENT NUMB	P18000073358	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MAURICIO SEGUNDO		
		Name of Contact Person	1
	1530 THE OAKS BLVD	Firm/ Company	
		Address	
	KISSIMMEE FL 3474		
		City/ State and Zip Cod	e
,	VECTORHOMEIMPROVEI	MENT@GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		9791287
	of Contact Person	at (9791287) de & Daytime Telephone Number
	the following amount made p		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 OCT 25 PM 12: 46

VECTOR HOME IMPROVEMENT INC

	s currently filed with the Florida Dept. of State) WELLAHASSEE, FL
P18000073358	Number of Corporation (if known)
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Status Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corpor	ration:
	The
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRES</u>	(22)
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
o. If amending the registered agent and/or registered of	office address in Florida, enter the name of the
new registered agent and/or the new registered office	e address:
Name of New Registered Agent	
	Florida street address)
N. B. 1. 1077 (11	19. 11
New Registered Office Address:	(City) (Zip Code)
	,
ew Registered Agent's Signature, if changing Registere	
hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
<u> </u>	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	PT	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	MGR	VALQUIRIA KUHN	1530 THE OAKS BLVD		
X Add			KISSIMMEE, FL 34746		
Remove					
2) Change			-		
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
			:: -
	_		
			
77 - TO (TABLE)			
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···			
		,	
f an amendment proyides for an exch provisions for implementing the ame	ange, reclassification, or can	cellation of issued shares,	
(if not applicable, indicate N/A)	idinent il nov comunica in ti	e amendment 113cm.	
			- 4-

• .

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 we document's effective date on the Department of State's records.	ill not 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 east 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. 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)	
MAURICIO SEGUNDO	
(Typed or printed name of person signing)	
Thesident	
(Title of person signing)	7-

••••