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COVER LETTER 3

TO: Amendment Section Division of Corporations

A.

NAME OF CORPO	RATION: BEAVER HOME	SERVICES, INC.	
DOCUMENT NUM	BER: P18000075404		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	ADRIAN MIDDLETON, ES	SQ.	
		Name of Contact Person	n
	SWORD & SHIELD		
		Firm/ Company	
	1469 MARKET STREET	· ······	
		Address	
	TALLAHASSEE, FLORIDA	A 32312	
	<u> </u>	City/ State and Zip Cod	2
ADI	RIAN@SWORDANDSHIELE	D.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ADRIAN MIDDLET	ron, esq.	850 at (728-2465
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

BEAVER HOME SERVICES, INC.

(Name o	of Corporation as currently filed with the Florida Dept. of State)		
P18000075404	Corporation as currently filed with the Fishion Departs.		
	(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation adopts the fo	llowing	amer
A. If amending name, enter the new na	ime of the corporation:		
		- 3	The
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company," or "incorporated" or ation "Corp," "Inc," or "Co". A professional corporation name tion," or the abbreviation " $P.A.$ "	the ab	ontab
B. Enter new principal office address.	if applicable:		
(Principal office address MUST BE A S	TREET ADDRESS)		7 to
		\$25. Sal	1:
			<u> W</u>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
(Matting duaress MAT by ATOST)	THE BOX		
			<u> </u>
			
D. If amending the registered agent an	d/or registered office address in Florida, enter the name of the		
new registered agent and/or the new			
Name of New Registered Agent	ADRIAN MIDDLETON, ESQ.		
	1469 MARKET STREET		
	(Florida street address)		
New Registered Office Address:	TALLAHASSEE Florida 32	2312	
	(City)	(Zip C	ode)
Nino Dinistra di Anna di Simulata di Si	hunging Duristanad Agunts		
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	ered agent. I am familiar with and accept the obligations of the pos	ition.	
	7		
	Signature of New Registered Agent, if changing		
	Signature of the Registered Agent, if Changing		

P = President; V = Vice of Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	rector title President = Chief I r, Director in the fo wes the c	le by the f t; T= Tre Financial or would llowing n orporatio	nanner. Currently John Doe is listed as the on, Sally Smith is named the V and S. These	than one title, list the first letter of PST and Mike Jones is listed as the
Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	P	_	DEVON GRAY	2004 BRIDGEWOOD DRIVE
XX Add				TALLAHASSEE, FL 32065
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add				
Remove				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title

address of each Officer and/or Director being added:

an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		ssary). (Be specific))		
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(if not applicable, indicate N/A)	provisions for implementing the	he amendment if not	contained in the ame	endment itself:	
	(if not applicable, indicate i	N/A)			
			·	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s)	adoption:	$\underline{\hspace{1cm}}$, if o
date this document was signed.		ı
Effective date if applicable:		-
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/11/20	19	
Dated		
Signature		
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	ADRIAN MIDDLETON, ESQ.	
	(Typed or printed name of person signing)	<u> </u>
	TRUSTEE	
	(Title of person signing)	