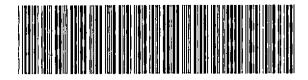
P18000075404

(Requestor's Name)	
(Address)	
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C. Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BEAVER HOME	SERVICES, INC.	
DOCUMENT NUMB	ER: P18000075404		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DEVON GRAY		
•		Name of Contact Person	n
-		Firm/ Company	
	2004 BRIDGEWOOD DR		
•	<u>-</u>	Address	
	ORANGE PARK, FL 32065	5	
•		City/ State and Zip Cod	e
devon	g@beaverhomeserv.com		
	-	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DEVON GRAY		904 at (305 9116
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divis P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Ihassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

BEAVER HOME SERVICES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P18000075404 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must he 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 (Florida street address) Florida New Registered Office Address: (City) 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. 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	STEVEN PATRICK BOUSCHER	5706 Swamp Fox Rd
Add			JACKSONVILLE, FL 32210
X Remove			<u> </u>
2) X Change	VP	DEVON GRAY	2004 BRIDGEWOOD DR
Add			ORANGE PARK FL 32065
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

Famending or adding Attach additional sheet	s, if necessary). (Be specific)				
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<u> </u>	··				 	
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f an amendment proy provisions for implen	<u>/ides for an exchan</u> nenting the amend	ge, reclassifica ment if not con	tion, or cancellate tained in the am	<u>non of issued sha</u> endment itself:	ires,	
(if not applicable,	indicate N/A)					
						
						
<u> </u>						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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) (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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	I
"The number of votes cast 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.	
Dated10. 23.19	
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)	
Dans Gray	
(Typed or printed name of person signing)	
WP	
(Title of person signing)	