## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000426273 3)))



H210004262733ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: kathy@apiprocesing.com

22

## COR AMND/RESTATE/CORRECT OR O/D RESIGN BEAVER HOME SERVICES, INC.

المتحدد والمتباطين المتناطق والمتناطق والمتباه والمتناطق	
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

11/19/2021 10:55:23 AM PAGE 1/001 Fax Server

Dre loto



November 19, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

BEAVER HOME SERVICES, INC. 6001 ARGYLE FOREST BLVD STE 21 JACKSONVILLE, FL 32244

SUBJECT: BEAVER HOME SERVICES, INC.

REF: P18000075404

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

This document is too light for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H21000426273 Letter Number: 221A00028131

H21000426273 3
Page 3 of 6

## Articles of Amendment to Articles of Incorporation of

OI .				
Beaver Home S	Services, Inc.			
(Name of Corporation as currently	y filed with the Florida Dept. of State)			
P1800007	75404			
(Document Number of	f Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the fe	ollowing anici	ndmer	nt(s) t
A. If amending name, enter the new name of the corporation;				
			пеш	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered.". "professional association." or the abbreviation "P.A."	t professional corporation name must	reviation "Co contain the	rp.," word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			_	
	, , <u> </u>			
	,		_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12 -		
			WI HOY	r-;
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the	۳. <del>ا</del>	9	FILED
new registered agent and/or the new registered office address	<u>:</u>		<u>≯</u>	$\overline{\Box}$
Name of New Registered Agent	<u></u>	<u> </u>		
THE PARTY OF THE P		<u> </u>	8: 1:8	
(Florida sto	vet address)	<del></del>	س	
N. Designand Office Addressed	. Florida			
New Registered Office Address:	(City)	(Zip Code)	_	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	i with and accept the obligations of the po-	sition.		
, <del>.</del>				
Signature of New R	egistered Agent, if changing			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

HO.821 #804

H21000426273 3
Page 4 of 6

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>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Nanic	<u>Addres</u> s
1) Change	VP	Michael David Cannaday	1138 Sawyerwood Drive
Add		<del>-</del>	Jacksonville, FL 32221
2) Change	٦	Jeifrey Gray	6001 Argyle Forest Blvd.
			Jacksonville, FL 32244
XXX Remove	<u>Р</u>	Justin M. Gruy	
XXX Add			216 Industrial Loop South
Remove			Orange Park, FL 32073
4) Change			
Add			
Remove			<u></u>
5) Change			<u> </u>
^dd			-
Remove			
6) Change			
Add			,
Remove			

H21000426273 3
Page 5 of 6

Aunch addice	or adding additional Art mal sheets, if necessary).	(Be specific)			
	· <del></del> -		, , <del></del>	<u> </u>	
	<del></del> , <del></del>				··
				<del>-</del>	
	<u> </u>				<del></del>
	•	··	· <del>·</del>		<u> </u>
:	·		,		
					•
	<u> </u>			<del></del>	
				<del>.</del>	
			•		
				<u> </u>	
	<del></del>	<del>-</del>			
	<del></del>		<del></del>		
provisions fo	nent provides for an excl or implementing the amounting the amounting the amounting the amounting the amounting the N/A)	hange, reclassifica endment if not cor	tion, or concellation tained in the amen	n of issued shares, dment itself:	
		,-			
				· ·	
			<del></del> .		<del></del>
			<u> </u>		
				·-	
	<del></del>				
				_ <del></del>	
	<del></del> ·		<del></del>		

H21000426273 3 Page of 6

he date of each amendment(s) a	doption:				, if other than
ate this document was signed.	•				•
Tective date if applicable:	· · · · · · · · · · · · · · · · · · ·				<del></del> .
iffine ome of althought.	(no more than 90	days after amendmen	it file date)		4
ote: If the date inserted in this locument's effective date on the D	plock does not meet the applica epartment of State's records.	ible statutory filing re	equirements, this d	late will no	it be listed as
iontion of Amendment(s)	(CHECK ONE)		· :		:
: The amendment(s) was/were ad	opted by the incorporators, or be	oard of directors with	out shareholder act	ion and sh	areholder
action was not required.		· ·			
The amendment(s) was were ad by the shareholders was were s	opted by the shareholders. The	number of voice cast	for the amendment	(a) <sup>*</sup>	
by the statemoners was were s	STITCHER TOT SPANOTAGE				
·	each voting group entitled to w				
	(voting group)			•	
Dated 1	11-17-21			:	
Signature	Dro	M.		·	is
selecte	firector p esident or other office d, by an incorporator – if in the	r If directors or office hands of a receiver, tr	ters have not been ustee, or other cou	rt	
appoir	ned fiduciary by that fiduciary)  Just	tin M. Gray	**		
	(Typed or printed m	une of person signing	) <u>j. 5</u> , 1, 11.	: .	:
		President		·	
	(Title of person sign	ing)			