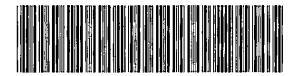
P19000056070

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: ATWOOD RESID	ENTIAL INC		
	IBER: P19000056070		19.00	
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	MATTHEW ATWOOD			
		Name of Contact Persor)	
	ATWOOD RESIDENTIAL	INC		
		Firm/ Company	-	
	11610 152 ST N			
		Address		
	JUPITER, FL 33478			
		City/ State and Zip Code		
	AQUAMATT205@GMAIL.	COM		
		sed for future annual report	notification)	
For further informati	on concerning this matter, pleas		239-5235	
Name of Contact Person		Area Co) 239-5235 de & Daytime Telephone Number	
Enclosed is a check	for 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		Street	Address	
	nendment Section vision of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ATWOOD RESIDENTIAL INC

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P19000056070	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	on:
	The new
name must be distinguishable and contain the word "corporatio" Inc., " or Co.," or the designation "Corp," "Inc," or "Corporation" chartered, " "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Corp.," o" A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	
Name of New Registered Agent	
42.	<u></u>
1710)	rida street address)
New Registered Office Address:	(City) Florida
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.
	7
Signature of	New Registered Agent, if changing
Charlest and lands	

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

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 Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	S	EVAN PETERSON	11610 152 ST N
X Add			JUPITER, FL 33478
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional A ional sheets, if necessary,). (Be specific)			
					
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		-			
	lment provides for an ex for implementing the ar	change, reclassifica	<u>ition, or cancellatio</u>	n of issued shares,	
f an ameno	for implementing the ar	nenament if not coi	<u>itained in the amen</u>	<u>ament itsen:</u>	
f an ameno	applicable indicate MAY				
f an ameno provisions (if not	applicable, indicate N/A)				
f an ameno provisions (if not	applicable, indicate N/A)				
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f an amen provisions (if not	applicable, indicate N/A)				
f an amen provisions (if not	applicable, indicate N/A)				

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	04/12/2021	
The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date	2)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharel	holder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ar flicient for approval.	nendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendme	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
04/13/2021 Dated		
Signature	New Arms	
	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or	
appoint	ed fiduciary by that fiduciary)	
	MATTHEW ATWOOD	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)