## P20000026203

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nar	ne)
(2-	,	,
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

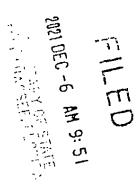
Office Use Only



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A. RAMSEY DEC 20 2021

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GOAT HOME BU	YERS CORP	
DOCUMENT NUMB	P20000026203		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Michael Barone		
•		Name of Contact Person	1
-		Firm/ Company	
	9131B SW 20th Place		
-		Address	· · · · · · · · · · · · · · · · · · ·
	Davie. FL 33324		
-		City/ State and Zip Code	e
	mike.barone@outlook.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Michael Barone		at ( <u>954</u>	444-8579
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:
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Induction Section Is of Corporations Box 6327 hassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## FILED

to

## **Articles of Amendment**

Articles of Incorporation 2021 DEC -6 AM 9: 52 of

GOAT HOME BUYERS CORP	LINE THAT OF STATE
(Name of Corporation	as currently filed with the Florida Dept. of State)
P20000026203	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corp	poration:
OFFICIAL CASH OFFER INC	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A
D. If amending the registered agent and/or registered new registered of	
Name of New Registered Agent N/A	<del> </del>
Nume of New Kegisterea Agent	<del>-</del>
	(Florida street address)
V. B. (1. 100 11)	,
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept the obligations of the position.
Signati	ure of New Registered Agent, if changing

Check if applicable

☐ 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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jos	nes	
_X Add	<u>sv</u>	Sally Sn		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<del></del>	_		
Add				
Remove				
2) Change		_		<u></u>
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
				1830 781
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
V/A	
	<del>-</del>
	<del></del>
	<del></del>
. If an amendment provides for an exchange, reclassification, or cance	llation of issued shares,
provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	amendment itself:
₹/A	
	1.7-11,000
<del></del>	

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 fi	le date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requi Department of State's records.	frements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amount	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	·"	
	(voting group)	
12/02/20 Dated	<u></u>	
Signature	A. Barone	
	a director, president or other officer – if directors or officer eted, by an incorporator – if in the hands of a receiver, trust	
	ointed fiduciary by that fiduciary)	ee, or other evare
	Michael Barone	
	(Typed or printed name of person signing)	- 1 P - 2 - 1 P - 2 P -
	President	
	(Title of person signing)	19-10-9-1