P21000042639

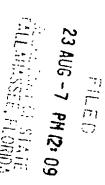
(Re	questor's Name)
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PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CAP HOMES, INC	C		
DOCUMENT NUM	BER: P21000042639			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	JAMES C MURRAY			
		Name of Contact Person)	
	INDEPENDENT ACCOUNT	TING OFFICE		
		Firm/ Company	 	
	886 PARK AVENUE, STE			
	•	Address		
	MARCO ISLAND, FL 34145			
		City/ State and Zip Code	1	
	JMURRAY@IAOACCOUN	TING.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
JAMES C MURRAY EA		at (239	791-7796	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	iling Address tendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



CAP HOMES, INC.

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)	
P21000042639			
<u>-</u>	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
CHRISTINA ANN PRESTON PA		The new	
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		335 TAMARINDO LANE	
		NAPLES, FL 34114	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		335 TAMARINDO LANE	
<u></u>		NAPLES, FL 34114	
D. If amending the registered agent ar new registered agent and/or the new			
Name of New Registered Agent	HAMOCING		
Name of New Registered Agent	886 PARK AVENUE SU	JITE 202	
		treet address)	
New Registered Office Address:	MARCO ISLAND	. Florida 34145	
		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		<u>it:</u> with and accept the obligations of the position.	
	1		
	Signature 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.

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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	<u>Addres</u> s
1) Change	т	VERLIN W FISHBACK	8760 MUSTANG CIRCLE DR
Add			NAPLES, FL 34113
X Remove			
2) Change			
Add			<u> </u>
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
/A		
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		· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued sha ndment if not contained in the amendment itself:	ares,
(if not applicable, indicate N/A) A		
		·-

JULY 26, 2023 The date of each amendment(s) adoption: ____, if other than the date this document was signed. JULY 26,2023 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 will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the sharcholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) JULY 26.23 Dated_ 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) CHRISTINA A PRESTON (Typed or printed name of person signing)

PRESIDENT

(Title of person signing)