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SEP 2 7 2021

2021 SEP 27 PM 6: 36 SECRETARY OF STATE

OCT (F 4 2021 S. PRATHEF

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	rion: Culle's home i	NSPECTION SERVICES	INC			
DOCUMENT NUMBER	R: P21000081283					
The enclosed Articles of A	Imendment and fee are sul	omitted for filing.				
Please return all correspon	ndence concerning this man	tter to the following:				
СН	RISTOPHER D. CULLIG	AN				
		Name of Contact Persor	1			
	Firm/ Company					
671	10 NW \$4TH AVE					
	Address					
PA	RKLAND FL-33067					
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	2			
CU	LLECULLE976@GMAIL	COM				
	E-mail address: (to be us	ed for future annual report	notification)			
For further information co	oncerning this matter, pleas	e call:				
CHRISTOPHER CULLIC	GAN	at (668-0741			
Name of C	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for th	e following amount made [payable to the Florida Depa	irtment of State:			
■ \$35 Filing Fee	☐S43.75 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)			
Amendi Division P.O. Bo	Address ment Section of Corporations ox 6327 ssee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810			

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

CULLE'S HOME INSPECTION SERICES INC				E A	SE	
(Name of Corporation as cur	urrently file	ed with the Florida	Dept. of State)	₩	0	7
P21000081283				SSE	27	F
		propration (if known)		E PF S	PH	-0-
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	es, this <i>Flor</i>	rida Profit Corporat	ion adopts the fol	lowin Bar	endrifer	
A. If amending name, enter the new name of the corporation	tion:					
CULLE'S HOME INSPECTION SERVICES INC				The	new	
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc." or "Co "chartered," "professional association," or the abbreviation "	Co". A pre	pany," or "incorpor ofessional corporat	ated" or the abbre ion name must c	eviation "Co contain the	orp.," word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)) –		<u> </u>			
	-					
C. Entar new mailing address if applicables	_					
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 new registered agent and/or the new registered office ad		in Florida, enter th	e name of the			
Name of New Registered Agent						
(Flor	orida street a	nddress)				
New Registered Office Address:			, Florida			
	(City	17		(Zip Code)		
New Registered Agent's Signature, if changing Registered A	Agent:					
I hereby accept the appointment as registered agent. I am fam	miliar with	and accept the oblig	rations of the posi	tion.		
P	CM D					
Signature of N	New Regist	tered Agent, if chang	<i>ging</i>			

Check if applicable

 \Box 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)

Example:

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	PT John Do	<u>oe</u>	
X Remove	<u>V</u> Mike Jo	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			<u></u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

dditional she	ets, if necessar	v). (Be spe	cific)					
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endment nr	nvides for an a	vchanna ra	olassification	or cancalla	tion of iceus	d charac		
ons for implo	ementing the a	mendment i	f not contair	ied in the am	endment its	elf:		
iot applicable	e, indicate N/A)				-		
								
				, <u>.</u>				
	endment pro	endment provides for an e	endment provides for an exchange, re-	ons for implementing the amendment if not contain	endment provides for an exchange, reclassification, or cancellar	endment provides for an exchange, reclassification, or cancellation of issue	endment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment itself:	endment provides for an exchange, reclassification, or cancellation of issued shares,

•

The date of each amendment(s) adoption:		if oth	er than the
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.	e will no	t be li	isted as the
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder actio action was not required.	n and sha	irehole	der
☐ 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 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 by	SECRETARY OF TALLAHASSEE,	2021 SEP 27 F	FILED
Dated 9/23/21 Signature (1) The state of the	STATE FLORIDA	PH 6: 36	0
(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) CHRISTOPHER CULLIGAN			
(Typed or printed name of person signing)			
PRESIDENT			

(Title of person signing)