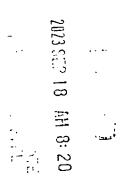
# P23000061343

(Rec	uestor's Name)	
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(7.000		
(City	/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	ne)
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Special Instructions to F	iling Officer	
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Office Use Only

of 10/8/2023

### **COVER LETTER**

TO: Amendment Section Division of Corpor			
NAME OF CORPORA	ATION: FOYEVER ER: P2300001	Home Pros	Corp
DOCUMENT NUMBI	er: <u>P230000</u>	1343	·
The enclosed Articles o	f Amendment and fee are sub	mitted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:	
	Robert For	lenne	
_		Name of Contact Person	
_		First Company	
	924 Garfield	Firm/Company Street	
_		Address	
_	Melburne F	lorida 32435	
	- 0 .	City/ State and Zip Code	
_	COP @ THELO	15. WM ed for future annual report	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Robert	Fintaine	at 321	537-0486
Name o	f Contact Person		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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address endment Section		Address Iment Section
Divi	sion of Corporations	Divisio	on of Corporations
	Box 6327 ahassee, FL 32314		entre of Tallahassee N. Monroe Street, Suite 810
			assee, FL 32303

## Articles of Amendment Articles of Incorporation

# Forever Home Pros Corp (Name of Corporation as currently filed with the Florida Dept. of State) P23000041343

. If amending name, enter the new name of the	corporation:	
	<del></del>	The new
ame must be distinguishable and contain the word "i Inc.," or Co.," or the designation "Corp," "Inc chartered," "professional association," or the abb	;," or "Co". A professional corpora	orated" or the abbreviation "Corp.,
3. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
<ol> <li>If amending the registered agent and/or regist new registered agent and/or the new registere</li> </ol>		the name of the
M. CM. D. Carriel Annua		_ <del></del>
Name of New Registered Agent		
Name of New Registered Agent	(Florida street address)	
Name of New Registered Agent  New Registered Office Address:		, Florida
	(Florida street address) (City)	Florida(Zip Code)
	(Cip) Registered Agent:	(Zip Code)

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)

Add

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 Doc V X Remove Mike Jones X Add SVSally Smith Title Address Type of Action Name (Check Onc) res 924 Genfreld Street 1) \_\_\_\_ Change \_ Add 2) \_\_\_\_ Change X Add \_ Remove 3) \_\_\_\_ Change Add Remove 4) \_\_\_\_ Change Add \_\_ Remove 5) \_\_\_\_\_ Change \_ Add Remove 6) \_\_\_\_ Change

f amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)				
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If an amendment provides	for an exchange, reclassific	cation, or cancellation	of issued shares	
provisions for implement	ing the amendment if not co	ontained in the amend	ment itself:	
(if not applicable, indi	cate N/A)			
			. ,	
				<u> </u>
<del> </del>				
		********		
	<del></del>			
		,		

The date of each amendment(s) adoption:	9 15 23	:6
date this document was signed.	· · · · · · · · · · · · · · · · · · ·	, if other than the
Effective date if applicable:	9 5 23	an annual and file Lead
	(no more than 90 days an	er amendment file date)
Note: If the date inserted in this block does document's effective date on the Department		atory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of o	lirectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each votice.		
"The number of votes east for the an	nendment(s) was/were suffici	ent for approval
by		**
(1	voting group)	<del></del>
Dated	Tul I	
Signature		
selected, by an i	resident or other officer — If di accomparator — if in the hands of any by that fiduciary)	rectors or officers have not been if a receiver, trustee, or other court
·•	Rob Funtaine	Trisi-
	(Typed or printed name of	person signing)
<del></del>	IR	
	(Title of person signing)	

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