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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	HOMEBRIC	SHT HOME INSPE	CTIONS INC
DOCUMENT NUMBER:F	24000014377		
The enclosed Articles of Amenda	nent and fee are su	hmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
CRA	G BLUNT		
	·	Name of Contact Pers	son
HOM	EBRIGHT HO	ME INSPECTIONS	SINC
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
1123	4 SAN JOSE E	BLVD STE 3	
		Address	
JACH	(SONVILLE, F	L 32223	
		City/ State and Zip Co	ode
CJUF	RENA@WILEY	CPAFL.COM	
	_	sed for future annual repo	ort notification)
For further information concerning	ng this matter, pleas	se call: at (561	, 744-9547
Name of Contact	Person	at (Area (Zode & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Do	epartment of State:
	3.75 Filing Fee & tifficate of Status	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Centificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ame Divis The	et Address ndment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	of			
HOMEBRIGHT HOME INSPE	CTIONS INC			
(<u>Name of</u>	Corporation as currently	filed with the Florida	Dept. of State)	
P24000014377				
	(Document Number of	Corporation (if known))	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this a	Florida Profit Corporut	tion adopts the following amendment	nt(s) t
A. If amending name, enter the new nam	ne of the corporation:			
			The new	
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Co. "chartered," "professional association," o	rp," "Inc." or "Co". A	ompany," or "incorpor professional corporat	ated" or the abbreviation "Corp.," iton name must contain the word	
B. Enter new principal office address, if (Principal office address MUST BE A ST)		N/A		
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of		N/A		
D. If amending the registered agent and new registered agent and/or the new	registered office address		he name of the	<u>-</u>
Name of New Registered Agent	N/A			1
_				·
_	(Florida str	ver address)		
New Registered Office Address:			, Florida	
		(Cûy)	(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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	<u> T4</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	JACOB SCHMIDT	1640 Lakewood Rd.
X Add			Jacksonville, FL 32207
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			 .
Remove			
6) Change			
Add			
Remove			

<u>it amenuing or adding additions</u> Attach <i>additional sheets, if necess</i>	al Articles, enter change(s) here; sary). (Be specific)	
V/A		
	 .	
·		
vic-Pi		
		
		
		
		,
f an amendment provides for a	n exchange, reclassification, or cancellation of issued shares,	
provisions for implementing th	e amendment if not contained in the amendment itself:	
(if not applicable, indicate N	7.4)	
N/A		
 		
		
		

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The date of each amendment(s) adoption:	, if other than the
date this document was signed. Effective date if applicable:	04/23/2024	
enterve date it apprease.	(no more than 90 days after amendi	nent file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
XI The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors w	rithout shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes consultation of the sufficient for approval.	ast for the amendment(s)
	approved by the shareholders through voting groups, for each voting group entitled to vote separately on t	
"The number of votes of	ast for the amendment(s) was/were sufficient for app	oroval
by	(voting group)	
	(voting group)	
09/05	/24	
Dated	<u> </u>	
Signature	4)	
(By	a director, president or other officer – if directors or acted, by an incorporator – if in the hands of a receive ointed fiduciary by that fiduciary)	
	CRAIG BLUNT	
	(Typed or printed name of person sign	ուսե՜)
	PRESIDENT	-
	(Title of person signing)	· ·
	, , ,	-
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