## P94000005868

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(City/State/Zip/Phone #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _ Homeve	ST MANAGEMENT, INC	0/3/A-
DOCUMENT NUMBER: P9406	0005868	[]0[[]
The enclosed Articles of Amendment and fee are		
Please return all correspondence concerning this	matter to the following:	
(Name of	Contact Person)	<del></del>
Home (Firm	Nest Realty -	
1300	E. Michigan St Address)	
(City/ Sta	nlampo, FL 3280 tte and Zip Code)	6_
For further information concerning this matter, p	olease call:	
(Name of Contact Person)	at ( 407) 467- (Area Code & Daytime Tel	ephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee &\bigcup Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	e



October 10, 2007

JUSTIN LAMANNA 1300 E. MICHIGAN ST ORLANDO, FL 32806

SUBJECT: HOMEVEST MANAGEMENT, INC.

Ref. Number: P94000005868

We have received your document for HOMEVEST MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 207A00059597

Carol Mustain Regulatory Specialist II

CCENT 8: 00 CT 22 MM 8: 00 SETARY OF STATE AHASSEE FLIGHINA



DATE: : 10/15/07

TO: Carol Mustain  FAX: 1-850-245-6897  COMPANY: FL State Dept Div- of Corporations  FROM: June Masterpol  SUBJECT: Homevest Management Registered Agent.  NUMBER OF PAGES 4  Carol-  as we discussed I am faxing  our documents to change Registered  Agent: Page H of this fax contains
company: Fr State Dept Niv- of Corporations  FROM: June Masterpol  SUBJECT: Homevest Management Registered Agent.  NUMBER OF PAGES 4  Carol-  as we discussed I am faxing  our documents to change Registered  Agents Page 4 of this fax contains
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Agents Page 4 of this fax contains
Agents Page H Of this Fax contains
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the language you suggested as well
as the signature of Justin J. La Manag.
Pls call me if you require any
additional information.
Thankfou.
1300 East Michigan Street Office: (407) 897-5400
Orlando, Fl 32806 Fax: (407) 898-2911
E-mail: broker@homevest.com http://www.homevest.com
A Madring in org. doc Cy Backdate to

## **Articles of Amendment** to

Articles of Incorporation (Name of corporation as currently filed with the Florida Dept. of State)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

## NEW CORPORATE NAME (if changing):

Came -
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
10 Effective 10/1/07, please drange Registeres
O Effective 10/1/07, please drange Registeres  AGENT FOR COMPANY from Lemy L. LAYLAND to
JUSTIN J. LAMANNA, The registered Address
will sentin the stare.
@ Please change OFFICERS ALSO: Effective 10/1/07
Justin J. LAMANNA will hold All office
positions; Precioent, V-ALLIDENT, SECRETARY
And Treasures.
Thank Us -
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
<del>_</del> _

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature  (By 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)
(Typed or printed name of person signing)
- (Current) PR - Transver

**FILING FEE: \$35** 

I accept the Cuties and responsibilities as
Registered Agent for Homevest Management Int
and am familiar with all duties
and responsibilities.

— NEW DO 110-05.