Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SMITH BIGMAN BROCK, P.A.

Account Number : 120050000189 Phone : (386)254-6875 Fax Number : (386)257-1834

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sbrown@fourstarhomes.com

2 NOY 11, AM 8: 07

COR AMND/RESTATE/CORRECT OR O/D RESIGN FOUR STAR HOME BROKERS INC.

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| \$43.75 |
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J. HORNE

NUV 15 2022

Electronic Filing Menu

Corporate Filing Menu

Help

to

Articles of Amendment to Articles of Incorporation of

| Four Star Home Brokers, Inc. | | |
|---|---|---|
| (Name o | Corporation as currently filed with the Florid | a Dept. of State) |
| P99000054176 | | |
| | (Document Number of Corporation (if knowl | n) |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this Florida Profit Corpora | ttion adopts the following amendment(s) |
| A. If amending name, enter the new na | ame of the corporation: | |
| | | The new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Contentered," "professional association," | the word "corporation," "company," or "incorpo Corp," "Inc," or "Co". A professional corpora or the abbreviation "P.A." | oruted" or the abbreviation "Corp.," |
| B. Enter new principal office address, | if applicable: | |
| (Principal office address MUST BE A S | | |
| | | |
| | | |
| C. Enter new mailing address, if appl | ien ble: | |
| (Mailing address MAY BE A POST | | |
| | | |
| | | |
| | | · · · · · · · · · · · · · · · · · · · |
| D. If amending the registered agent as | nd/or registered office address in Florida, enter | the name of the |
| new registered agent and/or the ne | w registered office address: | |
| Name of New Registered Agent | Seabreeze Corporate Services, LLC | |
| Mante of New Registered Agent | 444 Scabrecze Blyd., Suite 900 | |
| | (Florida street address) | |
| | Daytona Beach | Florida 32118 |
| New Registered Office Address: | (Caty) | , Florida (Zip Code) |
| | Nanyy | , |
| | | |
| New Registered Agent's Signature, if o | hanging Rogistered Agent: | |
| I hereby accept the appointment as regis | tered agent. I am familiar with and accept the ob | ligations of the position. |
| | | |
| | Ma / | |
| | Signature of New Registered Agent, if cha | unging |
| | Signalure of New Registered Agent, if Cha | ugung |
| Check if applicable | | |
| ☐ The amendment(s) is/are being filed p | oursuant to s, 607.0120 (11) (e), F.S. | |

Example:

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, Saliy 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) | Title | Name | Address | |
| I) Change | P. T, S | Karen L. Reardon | | |
| Add X | | | | |
| 2) Change | VP | Matthew William Rearden, Esq. | | |
| Add X | P. T | James Schuyler Brown | 4236 Jackson Street Port Orange, FL 32127 | |
| Remove 4) Change X Add | VP, S | Amelia Pearson Brown | 4236 Jackson Street Port Orange, F£ 32127 | |
| Remove Change X Add | VP | William Rabel Howard Thomas | 4236 Jackson Street Port Orange, FL 32127 | |
| Remove 6) Change Add Remove | | <u> </u> | | |

| | November 4, 2022 | |
|--|---|--|
| The date of each amendmen date this document was signed | t(s) adoption: | , if other than the |
| · | November 4, 2022 | |
| Effective date <u>if applicable</u> : | (no more than 90 day | s after amendment file date) |
| | this block does not meet the applicable he Department of State's records. | statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/we action was not required. | re adopted by the incorporators, or board | of directors without shareholder action and shareholder |
| | re adopted by the shareholders. The numere sufficient for approval. | nber of votes cast for the amendment(s) |
| | re approved by the shareholders through ed for each voting group entitled to vote. | |
| "The number of vote | s cast for the amendment(s) was/were su | fficient for approval |
| by | | ······································ |
| | (voting group) | |
| Nove Dated | mber 4, 2022 | _ |
| Signature _ (1 | A director president or other officer - | if directors or officers have not been |
| | elected, by an incorporator – if in the har ppointed fiduciary by that fiduciary) | |
| | James Schuyler Brown | |
| | (Typed or printed name | e of person signing) |
| | President | |
| | (Title of person signing | <u>;</u>) |