577337

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TALLAHASSEE FLORIDA

MAY 1 8 2017 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TROP[ICAL BUI	LDERS AND HOME INSI	PECTIONS INC.
DOCUMENT NUMBER: S 77337		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
THOMAS SPRAGUE		
	Name of Contact Person	1
TROPICAL BUILDERS AN	ID HOME INSPECTIONS	
	Firm/ Company	
1014 SE 12TH COURT	, ,	
	Address	
CAPE CORAL FL 33990		
	City/ State and Zip Code	2
MMAGICTOM@GMAIL.COM		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
THOMAS SPRAGUE	at (<u>239</u>	772-8300
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TRODICAL	BILLI DERS	ANDHOME	INSPECTIONS INC.

(Name of Corporation	as currently filed with the Florida Dept. of State)
S 77337	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)
	A.o. →
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u> </u>
	Sign on Co
	Em S
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
Nume by New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
wen Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	tered Agent: am familiar with and accept the obligations of the position.
t north, accept me appointment as registered agent. The	in jamina. This and accept the obligations of the position.
Signatu	re 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)

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 De	<u>oc</u>	
X Remove	V	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	D		MICHAEL FERRENTINO	1814 CORBETT RD
X Add				CAPE CORAL,FL 33909
Remove				
2) Change		_		
Add				
Remove				
3) Change	<u></u>	_		
Add				
Remove				
4) Change		.		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
		<u> </u>		
		- -		
			•	
			•	
f an amendment provides for an exch	ange, reclassification, c	r cancellation of iss	ued shares.	
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contained	in the amendment	itself:	
(i) not applicable, malcule 1971)				
, <u>, , , , , , , , , , , , , , , , , , </u>				
	V			

The date of each amendment(s) adoption: date this document was signed.	,	, if (other	than th
Effective date if applicable:	-			
(no more than 90 day	rs after amendment file datc)			
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date wil	ll not be	liste	ed as ti
Adoption of Amendment(s) (CHECK ONE)				
The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)			
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote.				
"The number of votes cast for the amendment(s) was/were suf	ficient for approval			
by				
(voting group)); ;	Īģ; ;		
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder	55	7 MAY I	
☐ The amendment(s) was/were adopted by the incorporators without s action was not required.	hareholder action and shareholder		20 TO K	
05/05/2017 Dated	- - -	i 🖺	ر د د	
Signature Thomas Spragur	•	· 		
(By a director, president or other officer – selected, by an incorporator – if in the han appointed fiduciary by that fiduciary)	if directors or officers have not been			
THOMAS SPRAGUE				
(Typed or printed name	of person signing)			
PRESIDENT				
(Title of per	rson signing)		-	