## 721442

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SECRETARY OF STATE
ALLAHASSEE, FLORII

Ax 4/27/09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Greater Lake	County Association of REALTORS®, Inc.
DOCUMENT NUMBER: 721442	·
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Christopher J. Shipley	· ·
(Name of	Contact Person)
Shipley Law Firm	// Company
(rim	n/ Company)
131 Waterman Avenue	Address)
Mount Dora, Florida 32757 (City/ Star	te and Zip Code)
For further information concerning this matter, p	lease call:
Christopher J. Shipley, Esq., MBA, CPA (Name of Contact Person)	at ( 352 ) 383-3397 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Statu 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

## Articles of Amendment to Articles of Incorporation

FILED
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	of		SECRUTA
Greater Lake County Ass (Name of Corporation as currently to		of REALTORS the Florida Dept. of	LI MCARY OF STATE
7	21442		·
(Document Number o	f Corporati	on (if known)	
Pursuant to the provisions of section 617.1006, Florid the following amendment(s) to its Articles of Incorpo		this <i>Florida Not For</i>	Profit Corporation adopts
A. If amending name, enter the new name of the c	orporatio	<u>n:</u>	
REALTORS Association of Lake & S	Sumter (	Counties, Inc.	
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co.	the word	"corporation" or "i	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD.		3001 State Road	1 19
		Tavares, Florida	32778-4224
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X</u> )		
D. If amending the registered agent and/or registered new registered agent and/or the new registered			enter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Flori	da street address)	
<u></u>			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ager position.			cept the obligations of the
Signati	ure 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)

Title	<u>Name</u>	Address	Type of Action	
			Add Remove	
			D D	
			Add Remove	
E. <u>If amer</u> (attach d	nding or adding additional Articles, enter additional sheets, if necessary). (Be spe	cific)		
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The date of each amendment(s) adoption: April 23, 2009			
Effective date if applicable:	April 23, 2009		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.		
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.		
Dated Apri	il 23, 2009		
Signature	Grenda C Podaero		
	the chairman or vice chairman of the board, president or other officer-if directors		
	re not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)		
our	er court appointed riductary by that inductary)		
	Brenda C. Rodgers, RCE, CIPS, e-PRO		
	(Typed or printed name of person signing)		
	Chief Executive Officer		
	(Title of person signing)		