#26705

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Tropical Realty & Investments, Inc.
DOCUMENT NUMBER: H26705
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carol H. Graham Name of Contact Person
Tropical Realty & Investments, Inc.
9108 US Huy 19 - 2 ND Floor
Port Richey FL 34668 Cit/State and Zip Code
Cymham@ orutropica). Net E-mail address: (to be used for future lannual report notification)
For further information concerning this matter, please call:
arol H. Graham at 813 712-3837
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

A TOP REPORT OF THE PROPERTY OF

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

.. .

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

	Articles of Amendment	-0	
•	to Articles of Incorporation	FILED	
	of	NO 2012 DEC 17 AM 11:55	
Name of Corporation as curre	144 & Investoration of the Florida Dept. of Sta	17-11-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	A
		TALLAHASSEL	
(Document Nun	iber of Corporation (if known)	2.0	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Cor	poration adopts the following amend	lment(s)
A. If amending name, enter the new name of	the corporation:		
		The 1	new
name must be distinguishable and contain the "Corp.," "Inc" or Co" or the designation word "chartered," "professional association."	"Corp," "Inc," or "Co". A profession		
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or r new registered agent and/or the new regis		er the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
trem negistered syftee radaress.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a		abligations of the position	
i nereoy accept ine appointment as registerea a	gem 1 ат јаттаг wun ana ассері ine	oonganons of the position.	
Signatur	e of New Registered Agent if changing	 	

to

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.

X Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u> .	<u>Jones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	AS	Carol H. Graham	16201 Country Crossing Dr. Jampa FL 33624
X Add			Jampa FL 3/3/024
Remove			
2) Change Add		Robert John Jesski	Haoa Winding Vine Ct. Brandon Fl 33511
Remove 3) Change Add		Julie Ann Park	Lodo4 Kingbird Manor Dr. Z: th: a FL 33547
Remove 4) Change Add	<u>V</u>	Cecilia Cantwell	6215 Claire be Lune Ct. Trinity FL 34655
Remove 5) Change Add Remove	<u> </u>	Russell Scott Laggan	1562 TwinPalms Loop Lutz FL 33559
6) Change Add Remove			

	icles, enter change(s) here: (Be specific)
	N.,
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and in the amendment itself:
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