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COVER LETTER

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tropical Realty & 1	investments, Inc		
DOCUMENT NUMBER: H26705			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Carol Graham			
	Name of Contact Person		
Tropical Realty & Investment	s, Inc.		
	Firm/ Company		
7916 Evolutions Way, Suite 2	10, Trinity FL 34655		
	Address		
Trinity, FL 34655			
	City/ State and Zip Code		
	•		
cgraham@bhhsflpg.com			
E-mail address: (to be use	ed for future annual report notification)		
For further information concerning this matter, please	e call:		
Carol Graham	at (727) 569-2314		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:		
■ \$35 Filing Fee	Certified Copy (Additional copy is enclosed) \$\int \frac{1}{2}\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Tropical Realty & Investments, Inc.			
(Nan	ne of Corporation as currently filed with t	he Florida Dept. of State)	
H26705			
	(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 6 its Articles of Incorporation:	07.1006, Florida Statutes, this <i>Florida Profi</i>	t Corporation adopts the following amen	idment(s)
A. If amending name, enter the new	name of the corporation:		
		The	new
	contain the word "corporation," "compan ignation "Corp," "Inc," or "Co". A profe ciation," or the abbreviation "P.A."		
B. <u>Enter new principal office addre</u> (Principal office address <u>MUST BE</u>			
C. Enter new mailing address, if ap	nlicable:		
(Mailing address MAY BE A POS			
			_
		_	_
D. If amending the registered agent	and/or registered office address in Florid	n, enter the name of the	
new registered agent and/or the		H WHEN THE THE PARTY OF THE	
Name of New Registered Age	nf		
	(Florida street address)		
New Registered Office Address	SF:	, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, i I hereby accept the appointment as reg	f changing Registered Agent: ristered agent. I am familiar with and accep	SECRETALL AND SEE: F	
-	Signature of New Registered Age		

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	PI	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Títle</u>	Name	<u>Addres</u> s
1) Change	VP	Kim Reed	3600 CREEKSIDE DR
Add			SEBRING Florida 33875
X Remove			
2) Change	VP	Tracey Strube	2300 4TH ST N
Add			ST PETERSBURG, FL 33704
X Remove			
3) Change			
Add			
Remove			
4) Change			,
Add			
Remove			4-4
5) Change			
Add			
Remove			
·			
6) Change			
Add			
Remove			

aren <i>ada</i>	ng or adding additional ditional ditional sheets, if necessar	y). (Be specific)			
·				ennement kalaman et kiloment fi konset fili kryje t fil i mysepak tej kryjet fili mysepaktej fili kryje promo	
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an ameno provisions (if not	dment provides for an extension the au applicable, indicate N/A)	xchange, reclassifi mendment if not co	cation, or cancellationtained in the ame	on of issued shares. ndment itself:	•
			1-11-11-11-11-11-11-11-11-11-11-11-11-1	Take control to the c	

	05/24/2017	:e _4b 4b 4b_
The date of each amendment date this document was signed	(4) - 44 -4	, if other than the
amo nuo documente and signica	05/24/2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	nt(s)
The amendment(s) was/wes must be separately provide	re approved by the shareholders through voting groups. The following state and for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareho	lder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
5/24/ Dated	2017	
Signature	D Demonstratelle	
(E	by a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	en ourt
	D Dewey Mitchell	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

100 p