## P01000079208

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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03/11/09--01005--001 \*\*35.00

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Amend/Name Chg.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Sa	amantha Real Estate, Inc.
DOCUMENT NUMBER:	P01000079208
The enclosed Articles of Amendment a	nd fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
Susan M	l. Smythe
····	(Name of Contact Person)
Buist Mo	ore Smythe McGee PA
	(Firm/ Company)
PO Box	999 (5 Exchange Street)
	(Address)
Charlest	ton, SC 29402
	(City/ State and Zip Code)
For further information concerning this	matter, please call:
Susan M. Smythe	at ( 843 ) 720-4608
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following a	mount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Sta	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahaccea El 32314	JAAL HVACUITUR Canter Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED
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Samantha, Inc.	A STAN PARTY OF S
(Name of Corporation as currently file	ed with the Florida Dept. of State) ALLAHASSEE. FLO
P01000079208 (Document Number of C	Corneration (if known)
suant to the provisions of section 607.1006, Florid owing amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the
<u>If amending name, enter the new name of the cor</u>	rporation:
SAMANTHA Real Estate, Inc.	
e new name must be distinguishable and cont acorporated" or the abbreviation "Corp.," "Inc.," o". A professional corporation name must ociation," or the abbreviation "P.A."	or Co.," or the designation "Corp," "Inc," or
Enter new principal office address, if applicable:	
rincipal office address <u>MUST BE A STREET ADDI</u>	RESS)  Ponte Vedra Beach, FL 32082
·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	C/o Susan M. Smythe
	P. O. Box 999
	Charleston, SC 29402
If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
w Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. ition.	stered Agent:  I am familiar with and accept the obligations of the
Signatura	e 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	Name	Address	Type of Action
			☐ Add ☐ Remove
			Add Remove
			Add Remove
	ional sheets, if necessary). (Be specific		
provisions	idment provides for an exchange, reclar for implementing the amendment if no applicable, indicate N/A)		
			· · · · · · · · · · · · · · · · · · ·

Th	ne date of each amendment(s) a	doption:	March 6, 2009	
Ef	fective date <u>if applicable</u> :			
	(no	o more than 90 da	vs after amendment file da	te)
Ad	doption of Amendment(s)	(CHECH	(ONE)	•
	The amendment(s) was/were ac by the shareholders was/were s			otes cast for the amendment(s)
	The amendment(s) was/were ap must be separately provided for			
	"The number of votes cast	for the amendmen	nt(s) was/were sufficient fo	or approval
	by		,,,	
	(voi	ting group)		
_	The amendment(s) was/were action was not required.  The amendment(s) was/were action was not required.			
	DatedMarc	h 6, 2009		
		Le M. S		
	` •		•	rs or officers have not been
		ed fiduciary by the		ceiver, trustee, or other court
		Susan M. Sm	/the	
		(Typed d	or printed name of person s	igning)
	_	Secretary		
		Τ)	itle of person signing)	