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(Re	equestor's Name)	- 111
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PICK-UP	MAIT	MAIL.
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLAHASSEE, FLORIBA

FILED



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Johnson Realty Group, Inc
DOCUMENT NUMBER: \$\frac{\theta 10000052304}{}
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James E. Johnson Name of Contact Person Johnson Realty Group, Inc Fifth/ Company 6305 Bayside Dr. Address New Port Rickey, FL 34652 City/ State and Zip Code
Jimiohnson @ Tanpabay. rr. com Je-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tanes E. Johnson at 727 389-6743 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 SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

Johnson Realty Tin	oup. In	C			
(Name of Corporation as currently filed wi	ith the Florida Dept.	of State)		-	
P 100000 52304					
(Document Number of Corpo	oration (if known)			_	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this <i>Florida Prof</i>	fit Corporation ad	lopts the followin	g amendr	ment(s) to
A. If amending name, enter the new name of the corpora 727 Beach Realt	u. Inc.			_The ne	
name must be distinguishable and contain the word "cf "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	c," or "Co". A pro	ny," or "incorpo fessional corpora	rated" or the a ition name must	bbreviati contain t	on the
B. Enter new principal office address, if applicable: (Principal office address MUST BE'A STREET ADDRESS	<u> </u>	N/A	<u>. </u>	_	
	 .			-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MA		- -	
D. If amending the registered agent and/or registered of		da, enter the nán	ne of the	-	
new registered agent and/or the new registered office	address:				
Name of New Registered Agent	N/A				
	lorida street address)				
New Registered Office Address:	······································	Elorida			
ten Registered Office Address.	(City)	, Florida_	~ (Zip Code)	-	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	d Agent: Camiliar with and acce	ept the obligation:	s of the position.		
Signature of New Reg	istered Agent, if chan	nging	SECKE T TALLAHA	2012 AUG	77

Page 1 of 4

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 <math>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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	,	<u>Addres</u> s
1) Change			_ <i>N/A</i>	
Add			•	
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		1		
Remove				
6) Change				
Add				
Remove				

ttach additional	sheets, if necessary).	ticles, enter change(s) (Be specific)	nere:	
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an amendment	provides for an excl	hange, reclassification	, or cancellation of iss	ued shares,
<u>provisions for it</u>	nplementing the ame cable, indicate N/A)	endment if not contain	ed in the amendment	itself:
(ij noi appiid	ravie, maicale WA)	11/		
		<i>N/A</i>		
		7		
<u> </u>				

The date of each amendment(s) ac	loption:	8/13/	12
Effective date <u>if applicable</u> :	(no more th	an 90 days after amen	dment file date)
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. fficient for approval.	The number of votes	cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for			
"The number of votes cast	for the amendment(s) was	were sufficient for ap	proval
by			,"
	(voting group)		 -
☐ The amendment(s) was/were ado action was not required. ☐ The amendment(s) was/were ado action was not required.			
Dated Augu	1st 13, 201 amar EG	7	
Signatura	man El	1 hr.	 .
By a di	irector, president or other	officer – if directors o	r officers have not been
selected	d, by an incorporator – if i	n the hands of a receiv	
	ed fiduciary by that fiduci		
	James E (Typed or prin	. Johns	71
	(Typed or prin	ted name of person sig	gning)
	Presiden (Title of pe	A.	
•	(Title of pe	rson signing)	10.1