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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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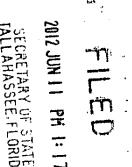
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10/13/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SWFL REA	LTY GROUP C	ORP
DOCUMENT NUMBER: P1100007242		-
The enclosed Articles of Amendment and fee are sul	•	
Please return all correspondence concerning this mat	ter to the following:	
JEUDY, ROSELA	NDE	
	Name of Contact Perso	n
DO BOY 100907	Firm/ Company	
PO BOX 100807		
	Address	
CAPE CORAL FL	. 33910	
	City/ State and Zip Cod	e
ypyvens@gmail.com		
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
JEUDY, ROSELANDE	a _{t (} 239	989-4833
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\B\$43.75 Filing Fee \$\Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment to Articles of Incorporation

FILED 2012 JUNII PM 1: 17 SECHETARY OF STATE SECHETARY OF STATE

SWFL REALTY GROUP CORP

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1342 COLONIAL BLVD B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUITE H-62 FORT MYERS FL 33907 US C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

New Registered Office Address: , Florida (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

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.

<u>PT</u>	John Doe	
<u>V</u>	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
vp	BARRETT, DAWN	PO BOX 100807
Add _x Remove		CAPE CORAL FL 33910
V.D	JOHN E. WIGGLESWORTH	PO BOX 100807
		CAPE CORAL FL 33910
V,S,D	JEUDY, ROSELANDE	PO BOX 100807
		CAPE CORAL FL 33910
	_	
	V. SV Title	V Mike Jones SV Sally Smith Title Name PARRETT, DAWN JOHN E. WIGGLESWORTH

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
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If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) a	doption: 06-06-2012
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated_06-06-	-2012
Signature (By a consequence)	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
арроіт	nted fiduciary by that fiduciary)
	Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)