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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Realnet Real Estate Services, Inc. DOCUMENT NUMBER: P2/000047184
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sharon Kristoffersen Name of Contact Person
Real net Real Estate Services Inc.
21660 W. Sarah Dr. (1090 Satin leaf) Address Holly wood, FC 330
Lake VIIIa - TL - 60046 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sharon Kristoffersen at (847) 275-4438 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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Street Address

Amendment Section
Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Mailing Address

P.O. Box 6327

Amendment Section
Division of Corporations

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation of

Realnet Real Estate Services Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P.2100001181
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
ال ب _ا رات موجد المحمد
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
o.
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:
Name of New Registered Agent Sharon Kristoff Ersen
1090 Satin leut - Holly wood-FL-33019 (Florida street address)
New Registered Office Address:
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Sharon Fristofferson Signature of New Registered Agent, if changing
Signature of New Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u> <u>John D</u>	<u>90e</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	<u>SV</u> <u>Sally S</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) A Change	Secretary	SharonKristofferse	in 1090 Satin leaf
Add			Address In 1090 Satin leaf Hollywood, FL 33019
Remove 2) Change	Proker.	Sharon Kristoffersen	1090 Satin/ent Hallywood, Fr. 33019
Add			Hollywood, FL. 33019
Remove 3) Change	****		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			14-14
Remove			
6) Change			
Add			
Remove			

antending of adding additional Artic	cles, enter change(s	<u>) here</u> :			
attach additional sheets, if necessary).	(Be specific)				
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an amendment provides for an excha	nge, reclassificatio	n, or cancellation	of issued shares	_	
rovisions for implementing the amen	dment if not contai	ned in the amend	ment itself:	•	
(if not applicable, indicate N/A)					
				·····	
		<u>.</u>		 -	<u> </u>
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		.			
	·	•	W.4		
			-		
V					

The date of each amendment(s) adoption: HUGUST 34 302/ date this document was signed.	, if other than the
Effective date if applicable: AUGUST 24 2021 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholaction was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 8/24/2021	
Signature Sharon Krestofferson	
(By a director, president or other officer if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	
Shavon Kristoffersen (Typed or printed name of person signing)	
- Pres	sident
(Title of person signing)	