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SECRETARY OF STATE

C. GOLDEN NAY 2 4 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON:713 KEY	Y ROYALE COR	Ρ.			
DOCUMENT NUMBER: _	P970000	067292	<u>.</u>			
The enclosed Articles of Am	endment and fee are su	ibmitted for filing.				
Please return all corresponde	nce concerning this ma	itter to the following	ng:			
Lori M	1. Dorman, Esq.					
	<u>. </u>	Name of Cont	act Persoi	n		
Baker	Baker, Paul and Dorman					
	··· ·	Firm/ Cor	npany			
515 91	h Street East, Suite 100	0				
		Addre	SS			
Brade	nton, FL 34208					
		City/ State and	Zip Cod	e e		
	lori	idorman@bpdlaw	office.cor	n		
E	-mail address: (to be us	sed for future annu	ial report	notification)		
For further information conc Lori Dorman,	-		941			
Name of Con	tact Person	at (Area Co) de & Davtime Telephone Number		
Enclosed is a check for the fo	ollowing amount made	payable to the Flo	rida Depa	artment of State:		
■ \$35 Filing Fee	l\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional co enclosed)	у	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
P.O. Box 6	nt Section Corporations		Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

2018 MAY 23 PM 1:54

713 KEY ROYALE CORP.

(Name of Corporation as currently	filed with the Florida Deor PARTE STATE
P97000067292	TALLATINGGELT CORIDA
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Thenew
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 addressed new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:(0	, Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wi	th and accept the obligations of the position.

Signature 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)

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.

<u>X</u> 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) X Change	PD	MARIO SCHOENFELDER	713 KEY ROYALE DRIVE
Add			HOLMES BEACH, FL 34217
Remove			
2) Change	DVT	ANNE WREDE	713 KEY ROYALE DRIVE
X Add			HOLMES BEACH, FL 34217
Remove			
3) Change	DV	CHRISTIANE SCHOENFELDER	713 KEY ROYALE DRIVE
X Add			HOLMES BEACH, FL 34217
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

Attach additional sheets, if necessary)	ticles, enter change(s) here: (Be specific)	
		
· · · · · · ·		
	· · - · · -	
•		
f an amendment provides for an ex- provisions for implementing the am	hange, reclassification, or cance endment if not contained in the	<u>cellation of issued shares,</u> e amendment itself:
(if not applicable, indicate N/A)		
		
		· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
•	
Effective date <u>if applicable</u> : (no more than 90 days after amendment f	ile date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The j must be separately provided for each voting group entitled to vote separately on the am	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	•
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.	d shareholder
DatedAPRIL 12, 2018	
Signature (By a director, president or other officer – if directors or officer	rs have not been
selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	
MARIO SCHOENFELDER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	