353640

(Re	questor's Name)	·
(Ad	dress)	
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,	,	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
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SECRETARY OF STALE

JUN 27 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

, i

NAME OF CORPO	ORATION: SAPPHIRE REAL	ESTATE INC.		
DOCUMENT NUM				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	KRISTINA HUDSON			
		Name of Contact P	Person	_
	BOOTH & COOK, P.A.			
		Firm/ Compan	ny	
	7510 RIDGE ROAD			
		Address		
	PORT RICHEY, FL 34668			
		City/ State and Zip	Code	
KR	IS@BOOTHCOOK.COM			
	E-mail address: (to be us	sed for future annual re	eport n	otification)
For further informati	on concerning this matter, pleas	se call:		
KRISTINA HUDSO)N	at (842-9105
Name of Contact Person				& Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida	Depart	tment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address	<u>S1</u>	treet A	ddress
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327				of Corporations Building
Tallahassee, FL 32314				ecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

	of			
SAPPHIRE REAL ESTATE, INC.				
(Name o	of Corporation as currently	filed with the Florida Dep	ot. of State)	· ·
353640				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Storida Profit Corporation a	adopts the following amen	ndment(s) to
A. If amending name, enter the new na	ime of the corporation:			
			The	new
word "chartered," "professional associa B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:	A.	1 man, 16 mg 1 m	22
C. Enter new mailing address, if applicable: (Mailing address MAY BE, A POST OFFICE BOX)			SATAN OF ST	JUN 211 PMID
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the na	<u>بران منظ</u> me of the	
Name of New Registered Agent	7510 DIDCE DOAD			
	7510 RIDGE ROAD			
	(Florida stree	et address)	24669	
New Registered Office Address:		20. 1	_, Florida	
	· ·	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.

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 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	PD	JOHN E. HUDSON	9400 RIVER CROSSING BLVD.
Add			STE 104
X Remove			NEW PORT RICHEY, FL 34655
2) Change	PD	ROBERT P. VAN STRONDER	9400 RIVER CROSSING BLVD.
X Add			STE 104
Remove			NEW PORT RICHEY, FL 34655
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	 -
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

JUNE 10, 2016 •	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated (AO I C	
Signature	
(By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed of printed name of person signing)	
PRESIDENT	· · · · · · · · · · · · · · · ·
(Title of person signing)	

2. * * * * *