459655

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SECRETARY OF STATE

FILED

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Invest	ors Inquiry Incorporated		
DOCUMENT NUMBER: 459655			
The enclosed Articles of Amendment as	nd fee are submitted for fil	ing.	
Please return all correspondence concer	ming this matter to the follow	owings	
. Lowell Chesboro	ough		
	Name of C	Contact Person	
Investors Inquiry	y Incorporated		
	Firm/	Company	
2800 N.E. State	Road 47		
	Ac	idress	
High Springs, fl.	. 32643		
	City/ State	and Zip Code	
lowellches@gmail.com	n		
= =	ress: (to be used for future	annual report n	otification)
For further information concerning this	matter, please call:		
Lowell Chesborough	at	(352	214-7011 e & Daytime Telephone Number
Name of Contact Person	1	Area Cod	e & Daytime Telephone Number
Enclosed is a check for the following ar	mount made payable to the	Florida Depar	tment of State:
\$35 Filing Fee S43.75 File Certificate	lling Fee & Status Service (Addition enclosed	Copy al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Division Clifton I	nent Section of Corporations

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	. —			
459655					
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adopts the fo	llowing amendment(s) t			
A. If amending name, enter the new name of the corporation:					
Investors Realty Inc.		The new			
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	the abbreviation			
B. Enter new principal office address, if applicable:	2800 N.E. State Road 47				
(Principal office address MUST BE A STREET ADDRESS)	High Springs, Fl 32643				
	•	- E-12			
		PEC AREA			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POB 140239	FAS C			
	Gainesville, Fl. 32614	7 7 7 F			
		77.7			
D. If amending the registered agent and/or registered office ad		Su I			
new registered agent and/or the new registered office addre	<u>ss:</u>				
Name of New Registered Agent					
(Florida :	street address)				
New Registered Office Address:	, Florida	(7) - (° - J-)			
	(City)	(Zip Code)			
•					
New Registered Agent's Signature, if changing Registered Age	nt:				
hereby accept the appointment as registered agent. I am familia		sition.			
	•				
•					
Signature of New	Registered Agent if changing				

Page 1 of 4

Pages 2 4 3 NOT 105-1

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.

X Change	<u>PT</u>	John Do	<u>)e</u>						
X Remove	<u>v</u>	Mike Jo	<u>ones</u>						
X Add	<u>sv</u>	Sally Sr	<u>nith</u>						
Type of Action (Check One)	Title		Name				<u>Addres</u> s		
1) Change					 				_
Add									-
Remove								·	
2) Change		_							
Add									_
Remove									
3)Change		_			 		····		·,
Add						,			_
Remove									_
4) Change		_			 		-		
Add							······		
Remove						,			
5) Change		-							
Add							-		
Remove									
6) Change									
Add		- -			 	-			
Remove						-			

	or adding additional Articles, e onal sheets, if necessary). (Be s	pecific)		
		<u> </u>		
			· · · · · · · · · · · · · · · · · · ·	
<u>,</u>				
			<u></u>	·
				
an amand	nent provides for an exchange,	raclassification or ca	ncellation of issued shares	t.
provisions f	or implementing the amendmen	at if not contained in t	he amendment itself:	3
(if not a	pplicable, indicate N/A)			
				

The date of each amendment(s) ado	January 1, 2016	, if other than th
date this document was signed.	phon	, if other than th
Effective date if applicable:		
Effective date it applicable.	' (no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depart	ock does not meet the applicable statutory filing requirements, this artment of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendm icient for approval.	ent(s)
	oved by the shareholders through voting groups. The following sta ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and sharel	nolder
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholde	r
December 1 Dated	4.20\15	
a. ///	mull I	
Signature (By a dire	ector president or other officer - if directors or officers have not b	een -
selected.	by an incorporator - if in the hands of a receiver, trustee, or other	court
••	d fiduciary by that fiduciary)	
L	Lowell Chesborough	
_	(Typed or printed name of person signing)	·
P	Presidet, Director, Secretary	
-	(Title of norsen signing)	