## 504504

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<b>→</b> #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





800207933398

10/28/11--01013--010 \*\*35.00

SECRETARY OF STATE

FILED

Amen D TROB



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2011

THOMAS W. HEWITT HEWITT PROPERTIES, INC. 1411 EDGEWATER DR., SUITE 101 ORLANDO, FL 32804

SUBJECT: HEWITT PROPERTIES, INC.

Ref. Number: 504504

We have received your document for HEWITT PROPERTIES, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

IN THIS CASE, IT WOULD BE BETTER TO FILE THE AMENDMENT RATHER THOUTHASN THE CHANGE OF REGISTERED AGENT. THE AMENDMENT FILING WILL ALLOW YOU TO ALSO CHANGE, ADD OR DELETE AN OFFICER IN ADDITION TO THE AGENT. \*\*\*PLEASE ADD THE DATE OF ADOPTION AND THE DATE OF SIGNING ON PAGE 3 OF 3 OF THE AMENDMENT.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 011A00023828

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Hewith Properties, I've.  Name of Corporation				
DOCUMENT NUMBER: 504504				
·				
The enclosed Statement of Change of Registered Office Agent and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:				
Thomas W. Hewitt  Name of Contact Person  M				
Hewitt Properties, Ivc.				
1411 Edgewater Drive Suite 101 Address				
OHando, FL 32804.  City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tan Pierce at (407) 318-7370  Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32301				

## **Articles of Amendment** to Articles of Incorporation of

in the second second	•		المنترمينيين المنترمينيين
	Articles of Amendment		
	to Articles of Incorporation of	1	oct .
_ Hewith Propertie	S, Inc.		28
(Name of Corporation as cu	rrently filed with the Florida	Dept. of State)	
5045	04		~
(Document N	umber of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		orida Profit Corporation a	dopts the following
A. If amending name, enter the new name	of the corporation:		
name must be distinguishable and contai	n the word "corporation,"	"company," or "incorpor	The new cated" or the
abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	professional association," or		l corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STR.			<del></del>
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	FICE BOX)		
D. If amending the registered agent and/on new registered agent and/or the new recommendation and the new registered agent and/or the new registered agent agent and/or the new registered agent		Florida, enter the name of	of the
Name of New Registered Agent:	Thomas W. t	lewitt	
New Registered Office Address:	1411 Edge Wad (Florida street a	er Drive Suite	2101
	Orlando (City)	, Florida (Zip Code)	32804
New Registered Agent's Signature, if char			c.1
I hereby accept the appointment as registere	d agent. Lam familiar with a	nd accept the obligations of	the position.
	Signature of New Registere	Agent, if changing	
	( /		

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
ρ_	Robert W. Hewitt		
<u>P</u>	Caren J. Hewitt	1411 Edcewater Dr.S Orlando, FC3080	— Clost Add ☐ Remove
	·		
	ding or adding additional Articles, ente		
<del></del> -			
F. <u>If an a</u>	mendment provides for an exchange, re ons for implementing the amendment i	eclassification, or cancellation of i	ssued shares,
	not applicable, indicate N/A)	i not contained in the amendmen	t itsen.

The date of each amendment	(s) adoption: 10/13///
	(date of adoption is required)
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/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statemen d for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	10/18/11
selec	a director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Thomas W. Hewitt
	(Typed or printed name of person signing)
	(Title of person signing)