

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	tate/Zip/Phone	e #)
· PłCK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	·
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F- IL CL 2018 JUL -2 PM 4: 55 SECRETARY OF STATE SECRETARY OF STATE

C. GOLDEN

JUL - 5 2018

COVER LETTER

TO: Amendment Section Division of Corporations

Dixic-Gilchrist-Lev NAME OF CORPORATION:	y Counties Board of I	Realtors, Inc.	.
735887 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
Wendy Crews Waller			
	(Name of Contact P	erson)	
Dixie-Gilchrist-Levy Counties Board of Realtors, In-	с.		
·	(Firm/ Compan	y)	
PO Box 2059			
	(Address)		
 Chiefland, Fl. 32644			
	(City/ State and Zip	Code)	
ae@dglmls.com			
E-mail address: (to be use	d for future annual re	port notification	
For further information concerning this matter, please	e call:		
Wendy Crews Waller	at	352	493-9683
(Name of Contact Perso			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida	Department of S	State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status		Certif is Certif	D Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations	Ai	reet Address mendment Secti ivision of Corpo	

P.O. Box 6327 Tallahassee, F1. 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

2018 JUL -2 PM 4:55

	of	
Dixie-Gilchrist-Levy Counties Board of Realtors,	Inc.	SECRETARY OF S TALLAHASSEE, FL
(Name of Corporation	as currently filed with the Flor	ida Dept. of State)
735887		
(Docum	nent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Flor imendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		
-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROV)	
islating dutress MAT BE A FOST OFFICE	<u></u>	
D. If amending the registered agent and/or regis	stered office address in Florida,	enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	Wendy Crews Waller	
	4 West Park Ave.; Suite 1	
New Registered Office Address:	dF)	orida street address)
new negistered Office Address.	Chiefland	32626
	(City)	, Florida 32626 (Zip Code)
	\sim	.=
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent:	the obligations of the position.
neren, weech me appriminem as registered agen		•
-	Signature of New Regis	tered 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	ne <u>s</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
i) Change	AE	_	Eugene R. Gibbins	 PO Box 2808
Add			`	
X Remove				Chiefland, Fl. 32644
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5. Cl				
5) Change		_	·	
Add				
Remove				
6) Change		_		
Add				
Remove				

(attach additional	dding additional Art sheets, if necessary).	(Be specific)					
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	04/16/2018	:Cashan shan sha
The date of each amendmen date this document was signed		, if other than the
Effective date if applicable:	04/16/2018	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date with Department of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s pproval.)
☐ There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	5/2018	
Signature	2/4 N Del	
have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
· · · Ro	obin Schwartz	
	(Typed or printed name of person signing)	
Pr	esident	
	(Title of person signing)	