





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2014

PETER O'NEILL  
PX REALTY TRUST  
4090 NW 24TH TERR  
BOCA RATON, FL 33431 US

SUBJECT: PX REALTY TRUST  
Ref. Number: D1000000002

We have received your document for PX REALTY TRUST and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

You must alter the document to meet the requirements. 1) Statute Numbers must be corrected to match the statute number for Florida Trust. 2) You must remove the words profit corporation and insert declaration of trust through out the document. 3) Please entitle your document Amendment to the Declaration of Trust.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 714A00008346

RECEIVED  
14 APR 30 AM 6:04  
DIVISION OF STATE CORPORATIONS

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** PX Realty Trust  
**DOCUMENT NUMBER:** D10000000002

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter O'Neill  
Name of Contact Person  
PX Realty Trust  
Firm/ Company  
4090 NW 24th Terr  
Address  
Boca Raton, FL 33431  
City/ State and Zip Code  
lorenaoneill@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorena O'Neill at (561) 713 1103  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee       \$43.75 Filing Fee & Certificate of Status       \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)       \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

~~Articles of Amendment~~

to

Declaration of Trust

~~Articles of Incorporation~~

of

PK Realty Trust

(Name of ~~corporation~~ as currently filed with the Florida Dept. of State)

D1000000002

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida ~~corporation~~ adopts the following amendment(s) to its Articles of Incorporation:

Declaration of Trust

**A. If amending name, enter the new name of the corporation:**

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

4090 NW 24 Terr  
Boca Raton FL  
33431

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

4090 NW 24 Terr  
Boca Raton FL  
33431

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

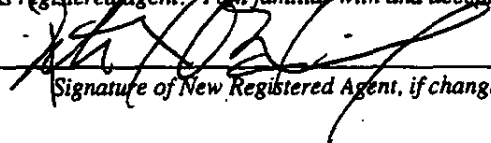
Name of New Registered Agent Peter O'Neill

4090 NW 24 Terr  
(Florida street address)

New Registered Office Address: Boca Raton Florida 33431  
(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 APR 30 PM 12:17

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:

Change            PT    John Doe

Remove            V    Mike Jones

Add                SV    Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>Lorena O'Neill</u>	<u>480 Hibiscus St. #714</u> <u>West Palm Beach FL</u> <u>33401</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>Peter O'Neill</u>	<u>4090 NW 24<sup>th</sup> Terr</u> <u>Boca Raton FL</u> <u>33431</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: March 18, 2014  
(no more than 90 days after amendment file date)

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 <sup>trustees</sup> ~~board of directors~~ without shareholder action and shareholder action was not required.

Dated March 18, 2014

Signature Lorena O'Neill Trustee

(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)

Lorena O'Neill  
(Typed or printed name of person signing)

Trustee  
(Title of person signing)