## H2G705

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|---|
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SECRETARY OF STATE

2023 MAY 10 PM 12: 45

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO          | ORATION: Tropical Realty &                  | Investments, Inc.  |  |  |
|------------------------|---|--|--|--|
| DOCUMENT NUN           | U26705                                      |  |  |  |
| The enclosed Article   | es of Amendment and fee are su              | abmitted for filing.   |  |  |
| Please return all corr | espondence concerning this ma               | itter to the following:  |  |  |
|                        | Lisa Burford                                |  |  |  |
|                        |   | Name of Contact Perso  | n  |  |
|                        | Tropical Realty & Investmen                 | its, Inc.  |  |  |
|                        |   | Firm/ Company  |  |  |
|                        | 7916 Evolutions Way, Suite                  |  |  |  |
|                        |   | Address  | <del></del>  |  |
|                        | Trinity, FL 34655                           |  |  |  |
|                        |   | City/ State and Zip Cod  | e  |  |
| i Di                   | JRFORD@BHHSFLPG.NET                         |  |  |  |
| 1.00                   | •   | sed for future annual report                                       | notification   | Si 25:   |
|                        | E-mail address. (to be ti                   | sed for future annual report                                       | notification)  | TAR  |
| For further informati  | on concerning this matter, plea             | se call:   |  | 2023 HAY 10 PM 12: 45 SLORETARY OF STATE TALL ALIASSEE, FL               |
| Lisa Burford           |   | at (   | 312-4240   | 537<br>101<br>101<br>101<br>101<br>101<br>101<br>101<br>101<br>101<br>10 |
| Name                   | of Contact Person                           |  | de & Daytime Telephone Number  |  |
| Enclosed is a check t  | for the following amount made               | payable to the Florida Depa  | artment of State:  | PATE 55  |
| ■ \$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) |  |
|                        | ailing Address                              |  | Address  |  |
| Λn                     | nandment Section                            | Amen   | Iment Section  |  |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| Tropical Realty & Investments, Inc.   |  |                       |
|---|--|-----------------------|
| (Name of Corporation a  | as currently filed with the Florida Dept. of State)      | · ·                   |
| 1126705   |  |                       |
| (Document   | t Number of Corporation (if known)                       |                       |
| Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:  | atutes, this Florida Profit Corporation adopts the follo | owing amendment(s) to |
| A. If amending name, enter the new name of the corpo  | oration:   |                       |
|   |  | The new               |
| name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the abb | "Inc," or "Co". A professional corporation name n        | he abbreviation       |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>   | <u></u>  | <u> </u>              |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |  | SECRE LAN OF STAT     |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered offi   |  | SE 8                  |
| Name of New Registered Agent  | ce address.  | FATE FL               |
| - <del></del>   | (Florida street address)                                 |                       |
| New Registered Office Address:  | , Florida  |                       |
|   | (City)   | (Zip Code)            |
| New Registered Agent's Signature, if changing Registe   |  |                       |
| I hereby accept the appointment as registered agent. I an   | т јатинаг wun ана ассері іне опиданоня ој те розні       | OH.                   |
|   |  |                       |
| Signatur  | re 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 Doc       |                       |
|----------------------------|-----------|----------------|-----------------------|
| X Remove                   | <u>V</u>  | Mike Jones     |                       |
| X Add                      | <u>sv</u> | Sally Smith    |                       |
| Type of Action (Check One) | Title     | <u>Name</u>    | <u>Addres</u> s       |
| 1) X Change                | VP        | Melinda Grimes | 15423 Cortez Blvd.    |
| Add                        |           |                | Brooksville, FL 34613 |
| Remove                     |           |                |                       |
| 2) Change                  |           |                |                       |
| Add                        |           |                | <u> </u>              |
| Remove                     |           |                | TANEL CORE            |
| 3 ) Change                 |           |                | ——                    |
| Add                        |           |                | PH 12:                |
| Remove                     |           |                | SECRETALLAHASSEE, FL  |
| 4) Change                  |           |                |                       |
| Add                        |           |                | <del></del>           |
| Remove                     |           |                | <del></del>           |
| 5) Change                  |           | _              | <del></del>           |
| Add                        |           |                |                       |
| Remove                     |           |                |                       |
| 6) Change                  |           |                |                       |
| Add                        |           |                |                       |
| Remove                     |           |                |                       |

| (Attach additional sheets, if necessary). (Be specific)  |              |                |
|--|--------------|----------------|
| NA   |              |                |
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|  | TORE         | 2023 MAY       |
|  |              | _==            |
|  | MASSEE, FL   | 1 10 PH 12: 45 |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, | #<br># 9     | PH             |
| provisions for implementing the amendment if not contained in the amendment itself:              | π.σ:<br>π.σ: | <u>.</u>       |
| (if not applicable, indicate N/A)  | ATE          | Ş.             |
| NA   | ··           | _              |
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| The date of each amendmen                          | •  | , if other than the                                     |
|--|--|---|
| date this document was signed                      | 1.<br>- 5/20/2023  |   |
| Effective date <u>if applicable</u> :              |  |   |
|  | (no more than 90 days after amendment file date)   |   |
|  | this block does not meet the applicable statutory filing requirements, this dat the Department of State's records.   | e will not be listed as the                             |
| Adoption of Amendment(s)                           | ( <u>CHECK ONE</u> )   |   |
|  | re adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.  | )   |
|  | re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):   | nt  |
| "The number of vote                                | s cast for the amendment(s) was/were sufficient for approval   |   |
| by   | (voting group)   |   |
|  | (voting group)   |   |
| ☐ The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder  | ī   |
| ☐ The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder   |   |
| 5/1/2 Dated; Signature_                            | D Kleeny Mitable   | 2023 MA<br>SECRI<br>TAL                                 |
| (1<br>s  | By a director, president or cher officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary) | 2023 MAY TO PM 12: 45 SECRETARY OF S AT TALLAHASSEE, FL |
|  | D. Dewey Mitchell  | OF S<br>SEE,  |
|  | (Typed or printed name of person signing)  | LATE  |
|  | CEO  | 1   |
|  |  |   |

5/20/2023

(Title of person signing)