h26606

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T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: REALTY REPOR	TING SERVICES, INC.	
DOCUMENT NUM			
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	TIFFANY STEVENS		
		Name of Contact Person	1
	REALTY REPORTING SER	RVICES, INC.	
		Firm/ Company	
	1585 SLASH PINE CT.		
		Address	
	ORANGE PARK, FL 32073		
		City/ State and Zip Code	c
	tink74@comcast.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call: 904	210-1345
	of Contact Person	at (de & Daytime Telephone Number
	or the following amount made		•
S35 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)
An Div P.C	endment Section vision of Corporations D. Box 6327 Inhassec, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

REALTY REPORTING SERVICES, INC.

REALT FREI ORTHOUSER VICES, INC.	
	filed with the Florida Dept. of State)
L26606	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> is Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
). If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	
	2 <u>2</u> 0
(Florida stree	et address)
· ·	
New Registered Office Address:	, Florida City) (Zip Code)
(1	(III) Couc)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
(i) (A) D	
Signature of New Reg	gistered Agent, if changing
Check if applicable	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e	e), F.S.

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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	DONALD K BORSTEIN	4296 RIPKIN CIR E.
Add			JACKSONVILLE, FL 32224
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
A	
 	
<u>.,.,.,.,.</u>	
, .	
if an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
A	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days af	ter amendment file date)
Note: If the date inserted in thi document's effective date on the		utory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)
	approved by the shareholders through voti for each voting group entitled to vote sepa	
"The number of votes ca	ast for the amendment(s) was/were suffici	ent for approval
by	(voting group)	
	(voting group)	
Dated Signature	19121 Hanustevens	
selec	director, president or other officer – if di sed, by an incorporator – if in the hands o inted fiduciary by that fiduciary)	
	TIFFANY STEVENS	
	(Typed or printed name of)	person signing)
	PTSD	
	(Title of person signing)	