L35673

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATES

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COVER LETTER

| Division of Corporations | | | | | |
|--|--|--|--|--|--|
| NAME OF CORPORATION: HOWAND REACTY INC | | | | | |
| DOCUMENT NUMBER: | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| MCHAL HOLLAND Name of Contact Person | | | | | |
| HOLCAND REALTY INC | | | | | |
| Firm/Company Address | | | | | |
| TAILANIES F-1 37719 | | | | | |
| City/ State and Zip Code | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| MICHEAR HOLLAND at 352 636 2929 | | | | | |
| 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) | | | | | |
| Mailing AddressStreet AddressAmendment SectionAmendment 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

| L3: | 5673 | |
|--|--|------------------------|
| (Docum | nent Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida is Articles of Incorporation: | a Statutes, this Florida Profit Corporation adopts the fol | lowing amendment(s) to |
| A. If amending name, enter the new name of the co | rporation: | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the | d "corporation," "company," or "incorporated" or a " "Inc," or "Co". A professional corporation name a abbreviation "P.A." | the abbreviation |
| B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD | : 832 S. Du | UCANDR. |
| 17mcqu 0;;ice uun ess <u>11001 22/10111221 122</u> | TALARCS A | 2 3277B |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. | x B37 S. DU | UCAN DR. |
| | TAVANES | FC 2770 |
| D. If amending the registered agent and/or register | red office address in Florida, enter the name of the | 76110 |
| new registered agent and/or the new registered | office address: | |
| Name of New Registered Agent | | |
| | (Florida street address) | |
| | (Florida street address) | |
| New Registered Office Address: | , Florida | (Zip Code) |
| | (5-1)) | (24 2000) |
| | | |
| New Registered Agent's Signature, if changing Reg | istered Agent: I am familiar with and accept the obligations of the posi | ition. |
| , | E. | - 1 00 |
| 1/1/2 | CRE | 186 |
| Sign | ature of New Registered Agent, if changing | |
| / Signe | man con her heginered Agent, if changing | 5 |
| | | רות כו |

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 <math>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 Doe | a)A | |
|-------------------------------|--------------|-------------|-----|-----------------|
| X Remove | <u>v</u> | 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 | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | , | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| O Chara | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| If amending or adding additional Art (Attach additional sheets, if necessary). | ticles, enter change(s) here: (Be specific) |
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| If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| · | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|------------------------------------|
| date this document was signed. | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records. | his date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval. | ment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st must be separately provided for each voting group entitled to vote separately on the amendment(s) | atement : |
| "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 share action was not required. | eholder |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required. | ler |
| Dated | |
| Signature | |
| (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 othe appointed fiduciary by that fiduciary) | r court |
| appointed fiduciary by that fiduciary) | ~ |
| MICHAR I). HOLLAN | |
| (Typed or printed name of person signing) | _ |
| Philos. | |
| (Title of person signing) | |