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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(Ru	siness Entity Nan	ne)
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(Do	cument Number)	
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FILED 2018 OCT 23 PH 12: 35 SECRETATE SEE, FLE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Discount Realty o	f Tampa Bay, Inc.	
DOCUMENT NUMF	1 52578		<u></u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Robert Bowen		
		Name of Contact Person	
	Discount Realty of Tampa Ba	ay, Inc.	
		Firm/ Company	
	14255 Feather Sound Der		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Clearwater, Fl. 33762-3012		
		City/ State and Zip Code	
bbow	cn1944@gmail.com		
		sed for future annual report	notification)
	·		,
For further information	n concerning this matter, pleas	se call:	
Robert Bowen		727 at (392-6900
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	☐S43.75 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)
	ling Address		Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
		xecutive Center Circle	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

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to Articles of Incorporation

FILED

2018 OCT 23 PM 12: 35

Discount Realty of Tampa Bay, Inc.	SECRETARY OF STATE
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
L52578	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
HOA Realty, Inc.	The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." o word "chartered," "professional association," or the abbreviation	ntion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<i>N/A</i>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	1)/ A
(Florida	ı street address)
New Registered Office Address:	N/A , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili	ent:
Signature of Ne	w 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>T4</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	N/A
Add		,	
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			
Remove			

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Attach additional sheets, if necessary). (Be	N/A

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f an amendment provides for an exchange	reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ent if not contained in the amendment itself:
	N/A

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	- <u></u>
(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, this date document's effective date on the Department of State's records.	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(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	
(voling 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 incorporators without shareholder action and shareholder action was not required.	
10/16/2018	
Signature_RoleTM. Bowen	
(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)	
Robert M. Bowen (Typed or printed name of person signing)	
freside NI	
(Title of person signing)	