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(Re	equestor's Name)	
(Ac	ldress)	
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(Ĉi	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nan	ne)
· (Do	ocument Number)	/
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ilv



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COVER LETTER

TO: Amendment Section COUNCIL, Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHERYL SM STA BULLEVARD Ste 100 For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed; (Auditional Cop)

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

CENTRAL FLORIDA PLAL ESTATE COUNCIL, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
V 060003603
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following
amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
CENTRAL FLORIDA REAL ESTATE ATTORNEYS COUNTRIE NEWS
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." The Corporation "Corp." The Company" or "Co." may not be used in the name.
15115 Con 20 00 (Con 10 0) VI
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
ORLANDO, FL 32822
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) P.O. Box 784281
(Mailing address MAY BE A POST OFFICE BOX) [P.O. 30x 184281
Winder GARDEN, FL 34778
·
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:
6545 Corporate Center BLVD.
(Florida strekt address) New Registered Office Address:
(City), Florida 32822 (Zip Code)
(City) (Exp Coulc)
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.
I nereby accept the appointment as registered agent. I am jaminar with and accept the boligations of the position.
C' A CALLER Desired A and if there in
Signature of New Registered Agent, if changing

Page 1 of 4

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 X Remove X Add	PT John I V Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>P-</u> D		7635 ASHLEY Park Ct. Suite 503-N rlando, FL 32835
2) Change Add	VP-D	Grace Anne GLAVN	1340 Taskawilla 1215 Luinder Springs, FC3
Remove 3) Change Add Remove	VP-D	ROBERT TAYLOR	150 North Westmont DA Altamonte Springs, #23>>
4)	5-0	EDWARD STOREY	212 Pashend Place Suite A DRIANDO, FL 30803
5)	T	CHERYL SMITH	POBO 784201 Luintu Garden, FL 34278
6) Change Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	
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The	edute of each amendment(s) adoption:
Effe	(no more than 90) days after amendment file date)
Ado	option of Amendment(s) (<u>CHECK ONE</u>)
X	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Signature Smith
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	TROUSUPER - REGISTERED AGENT (Title of person signing)