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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Real Stories. Real People, Inc.
DXCUMENT NUMBER: N/70000 06 20 8
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kaitlyn Chana (Name of Contact Person)
Real Stories. Real People, Inc.
(Firm/ Company)
4150 Belfort Road Suite #:5.51322
(Address)
Jacksonville, FL 3225.5 (City/State and Zip Code)
Kachana @icloud.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Kaitlyn Chana at 321 - 277 - 2279 (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 \$\Bigcup \\$43.75 Filing Fee \$\Bigcup \\$43.75 Filing Fee \$\Bigcup \\$52.50 Filing Fee

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

Articles of Amendment

to

Articles of Incorporation

of

<u>Keal Stories.</u> K	eal People. Inc.
	rrently filed with the Florida Dept. of State)
N17000006208	}
	umber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation.	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:
Reel Stories, Real	People. Inc.
name must be distinguishable and contain the word "corp	PEOPLE, INC. Operation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co," may not be used in the name.	
B. Enter new principal office address, if applicable:	Mailing address is the
(Principal office address <u>MUST BE A STREET ADDRE</u>	same.
	- CALL CONTRACTOR OF THE CONTR
C. Enter new mailing address, if applicable:	Mailing address is the same
(Mailing address MAY BE A POST OFFICE BOX)	Mailing address is the same. 4150 Belfort Rd. Suite #:55132
	4150 Belfort Rd. Suite #: 051312
	Jacksonville, FL 32255
1) If none adiagraph a registered a neet and (none assistanced	,
1). If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	200
	, Florida
	(City) (Zip Code) 5
New Registered Agent's Signature, if changing Registe	ered Agent:
I hereby accept the appointment as registered agent. I at	
	Signature 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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C \neq Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove			
2)ChangeAdd		<u> </u>	
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add	-		
Remove 6) Change Add Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)			
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The date of each amendment($oldsymbol{s}$) adop	otion:	, if other than the
late this document was signed.		
ffective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block locument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will runent of State's records.	not be fisted as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop was/were sufficient for approval	oted by the members and the number of votes east for the amendment(s)	
There are no members or member adopted by the board of directors	is entitled to vote on the amendment(s). The amendment(s) was/were	
Dated	0/17	
Signature KCII	Lyn Chana	
have not been	in or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
	CIHUN Chana (Typed or printed name of person signing)	
	=\(\text{Typed of printed name of person signing}\)	
Pre	sident	
	(Title of person signing)	