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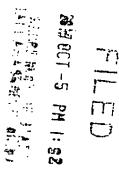
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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: COOLIDGE REA	LTY PROPERTY MANAC	EMENT, INC.	
DOCUMENT NUMI				
	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	DEBRA DEACON COOLE	XGE		
	_ _ -	Name of Contact Person		
	COOLIDGE REALTY PROPERTY MANAGEMENT, INC.			
	·	Firm/ Company		
	1759 W. FLETCHER AVE			
	<u></u>	Address		
	TAMPA FLORIDA 33612			
		City/ State and Zip Code		
debdo	coolidge@gmail.com			
		sed for future annual report i	notification)	
	·	•	,	
For further information	n concerning this matter, pleas	se call:		
DEBRA DEACON C	OOLIDGE	at (⁷²⁷	4923327	
Name (of Contact Person		le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depar	rtment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ank Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Division Clifton 2661 Ex	Address nent Section n of Corporations Building tecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

	of				
COOLIDGE REALTY PROPERTY MA	NNAGEMENT, INC.				
(Name	of Corporation as currentl	y filed with the Florida Dept. of State)			
P00000027023					
	(Document Number of	f Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new n	ame of the corporation:				
	nation "Corp," "Inc," or "	The new n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."			
B. Enter new principal office address,		1759 W. FLETCHER AVE			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	TAMPA FLORIDA 33612			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1759 W. FLETCHER AVE TAMPA FLORIDA 33612			
D. If amending the registered agent an new registered agent and/or the ne					
Name of New Registered Agent	DEBRA DEACON COOL	.IDGE			
	1759 W. FLETCHER AVI	E			
	(Florida str	vet address)			
New Registered Office Address:	ТАМРА	, Florida ³³⁶¹²			
		(City) (Zip Code)			
	tered agent. I am familiar v	vith and accept the obligations of the position.			
Let	ha Desca Co	oudge,			
	Signature of New R	egistered (A gent, 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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{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	P	JAMES H. COOLIDGE, IV	7115 WAREHAM DRIVE EAST
Add			TAMPA FLORIDA 33647
X Remove			
2) Change	P	DEBRA DEACON COOLIDGE	1759 W. FLETCHER AVE
X Add	. –		TAMPA FLORIDA 33612
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	additional she	ng additional A eets, if necessary,). (Be specific)			
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if an a	ımendment pr	ovides for an ex	change, reclass	sification, or ca	ancellation of is	sued shares.	
provi:	sions for impl	ementing the an	<u>nendment if no</u>	t contained in	the amendment	itself:	
(1)	<u>if</u> not applicabl	le, indicate N/A)					
							
						-	
				 -			 -
							

	SEPTEMBER 25, 2017	
The date of each amendment(s) acd date this document was signed.	loption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	block does not meet the applicable statutory filing requirements, this dipartment of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment of flicient for approval.	(s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	tent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were add action was not required.	ppted by the incorporators without shareholder action and shareholder	
Dated;	epitember 28, 2017	
Signature	Jebra Deach Cottudge	
	irector, president or other officer – if directors or officers have not been	
	 d, by an incorporator – if in the hands of a receiver, trustee, or other couled fiduciary by that fiduciary) 	rt
	DEBRA DEACON COONIDEC	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	