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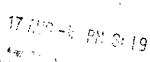
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ROBIN AND	D DEBORAH DODD REAL ESTATE CORPORATION
DOCUMENT NUMBER: P00000090264	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
MARGARET A. WHA	ARTON
•	Name of Contact Person
WHARTON LAW GR	OUP. P.A.
	Firm/ Company
P.O. BOX 621172	Time Company
	Address
OVIEDO, FL 32762-1	172
	City/ State and Zip Code
Margaret@WhartonLawGrou	up.com
5 0	be used for future annual report notification)
· ·	•
For further information concerning this matter	, please call:
MARGARET A. WHARTON	at (407) 365-7193 Area Code & Daytime Telephone Number
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 \$35 Filing Fee Certificate of Sta	
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



KOBIN AND DEBORAH DODD REAL			ide Dent of State)	<u> </u>
P00000090264	of Corporation as curren	my med with the Fior	ida Dept. of State)	
1 00000070204	(Document Number	of Corporation (if know	wn)	
	`	•	•	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corpo	ration adopts the fol	lowing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professiona		
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>				
			<u></u>	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
				
D. If amending the registered agent an new registered agent and/or the new			the name of the	
	DEBORAH DODD	<u></u>		
Name of New Registered Agent	817 Mill Estate Place			
		treet address)		<u></u>
New Registered Office Address:	Oviedo		, Florida ³²	766
New Registered Office Nauress.		(City)	, 1 1011uu	(Zip Code)
N D	Lancina Danistanad Agas	.4.		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familia	n: r with and accept the o	bligations of the posi	ition.
	Signature of New	Registered Agent, if cl	hanoino	

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	<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	P	ROBIN B. DODD	817 Mills Estate Place
Add			Oviedo, FL 32766
X Remove			
2) X Change	P	DEBORAH A. DODD	817 Mills Estate Place
Add			Oviedo, FL 32766
Remove			
3) Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
an amendment provides for an exchiprovisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this block document's effective date on the Department	does not meet the applicable statutory filing requirements, this date wilment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	· · · · · · · · · · · · · · · · · · ·	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated July. Signature	31.2017 borah Dodd	
	or, president or other officer – if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
DE	BORAH DODD	
_	(Typed or printed name of person signing)	
Pres	sident	
	(Title of person signing)	