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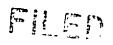
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BAY FOREST RE	EAL ESTATE SERVICES,	INC.
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MARTA VANDERSTARRI	3	
		Name of Contact Persor	1
	BAY FOREST REAL ESTA	TE SERVICES, INC	
		Firm/ Company	
	377 BAY FOREST DR.		
		Address	
	NAPLES, FL 34110		
	· · · · · ·	City/ State and Zip Code	
	MARTALEEVS@GMAIL.C	COM	
	_	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call: at (731-6403
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address		Address
	endment Section		ment Section
	sion of Corporations . Box 6327		on of Corporations entre of Tallahassee
	ahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



BAY FOREST REAL ESTATE SERVICES, INC.

2021 DEC 10 AH 9: 09

(Name o	of Corporation as currently	filed with the Florida Dept_of State)
P00000104765		TALL ALL STATE
	(Document Number of	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
SAME		The new
	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address,	if annlicable:	SAME
(Principal office address MUST BE AS		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		SAME
D. If amending the registered agent an	•	
new registered agent and/or the nev		
Name of New Registered Agent	MARTA VANDERSTARR	KE
	377 BAY FOREST DR.	
	(Florida stre	et address)
New Registered Office Address:	NAPLES	, Florida 34110
	(1	City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the position.
	& Dall	
	Signature of New Re	gistered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>PT</u>	John Doc		
X Remove	<u>V</u>	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	D	MARTA VANDERSTARRE	377 BAY FOREST DR.	
X Add			NAPLES, FL 34110	
Remove				
2) Change	BK	RUTH WERTENBERG	377 BAY FOREST DR.	
Add			NAPLES, FL 34110	
$\frac{X}{X}$ Remove 3) $\frac{X}{X}$ Change	Т	SUZANNAH R PHILLIPS	15185 MAJORCA BAY DR.	
Add			APT. #2	
Remove			NAPLES, FL 34110	
4) Change	SM	PHIL MURANO	2236 HARVARD AVE	
Add			FT. MYERS, FL 33907	
X Remove				
5) Change	D	JAMES LAGOMARSINO	352 BAY FOREST DR. #203	
X Add			NAPLES, FL 34110	
Remove				
6) Change	T	JERRY PRICE	15425 CEDARWOOD LN. #306	
Add			NAPLES, FL 34110	
X Remove				

(Attach adainonai sheet	ts, if necessary). (s, enter change(s) Be specific)				
N/A	- '	·				
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F. If an amendment prov	vides for an exchan	ge, reclassificatio	n, or cancellation	of issued shar	PS	
provisions for implem (if not applicable,	nenting the amend	ment if not contai	ned in the amen	lment itself:		
	indicate N/A)					
N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
				· · · · · · · · · · · · · · · · · · ·		•
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requiped Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	the amendment(s)
	upproved by the shareholders through voting groups. The for each voting group entitled to vote separately on the am	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Signature	director, president or other officer – if directors of officer	s have not been
	eted, by an incorporator – if in the hands of a receiver, trust inted fiduciary by that fiduciary)	ee, or other court
	ROBERT WOOD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	