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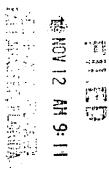
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Section,

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: HOWARD REALTY, INC. DOCUMENT NUMBER: P01000011740 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Richard Linquanti Name of Contact Person Carlton Fields Jorden Burt, PA Firm/ Company 4221 W. Boy Scout Blvd., Suite 1000 Address Tampa, FL 33607 City/ State and Zip Code rlinguanti@cfjblaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Richard Linguanti Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

Certificate of Status

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

HOWARD REALTY, INC.		9878 L
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	ALTERIA
P01000011740		1
(Document Number	er of Corporation (if known)	7 mmg
Pursuant to the provisions of section 607.1006, FI	lorida Statutes, this Florida Profit Corporation	adopts the following amendment(s) to
its Articles of Incorporation:		
A. If amending name, enter the new name of the	he corporation:	7
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," of	Corp," "Inc," or "Co". A professional corpo	
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET	cable:	
(Frincipal Office address MOST BE A STREET	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROY	
(muning numers mai be a rost of rec		
	······································	
	<u></u>	
D. If amending the registered agent and/or reg new registered agent and/or the new register		ame of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Floric	da
	(City)	(Zip Code)
		\
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		ons of the position.
. , ,,	, ,	- •
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 = 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 Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	Dana Hahn	585 Grand Boulevard
Add			Suite 201
Remove			Sandestin, Florida 32550
2) Change			
Add			
Remove		•	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		·	
Add		-	
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
If an amendment provides for an excherge provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(η ποι αρριττάσιε, ιπάιτατε 19/Α)	
(y noi applicable, indicale WA)	
(y noi applicable, indicale NA)	
(у погаррисавіе, таксате МА)	
(у погаррисавіе, таксате МА)	
(g not applicable, maicale N/A)	
(g not applicable, maicale N/A)	
(y not applicable, maicale N/A)	

The date of each amendment(s) adoption: November 11, 2014 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated/ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
appointed fiduciary by that fiduciary)	
KEITH HOWARD	
(Typed or printed name of person signing)	
PRASIDANT	
(Title of person signing)	