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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Changing Times Realty Company
DOCUMENT NUMBER: P01000024768
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steven P. Hourigan Name of Contact Person Changing Times Realty Company Firm/Company 1607 Village Square Blvd. Suite#5 Address Tallalousses F. 37309
Tallahussee, Fr. 32309 City/State and Zip Code Sthoungan @ Nettally.com E-mail address: (to be used for fixture annual report notification)
For further information concerning this matter, please call:
Steven P. Hourigan at (850) 509-7838 Name of Contact Person Area Code & Daytime Telephone Number
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status \$\bigcup \\$Additional copy is enclosed) \$\bigcup \\$43.75 Filing Fee & Certificate of Status \$\bigcup \\$43.7
Mailing AddressStreet AddressAmendment SectionAmendment Section

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

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

Articles of Amendment to Articles of Incorporation

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Changing Tin	nes Rea	Itu 1	COMPAI		- a a v
(Name of Corporat	tion as currently	filed with th	ne Florida De	pt. of State)	, : If A
P0100	002476	08			
	ment Number of C		(if known)		
Pursuant to the provisions of section 607.1006, Floric ts Articles of Incorporation:	la Statutes, this FI	lorida Profii	t Corporation	adopts the follow	ving amendment(s)
A. If amending name, enter the new name of the c	orporation: /	ot a	oplicat	le	
					The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co	o". A profe			
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD.		_nut	applic	able	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X</u>)	not	appli	cable	
o. If amending the registered agent and/or registe	ered office addres	ss in Florida	a. enter the na	ame of the	
new registered agent and/or the new registered			applica		
Name of New Registered Agent			1PP 11C4		
 	(Florida stree	t address)			
New Registered Office Address:	<u> </u>			_, Florida	
	(C	City)		(2	(ip Code)
New Registered Agent's Signature, if changing Rehereby accept the appointment as registered agent.		MO thand accep	- app 0 of the obligation	cable ons of the position	n.
Siei	nature of New Reg	zistered Age	nt, 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	PT John I	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
_X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change		Lisa V. Hourigan	3763 Overlook Dr
Add Remove		J	Tallahassee, FL 32311
2) Change Add	5	Erin S. Hourigan	3763 Overlook Dr
Remove 3) Change Add			Tallahassee, FL 3231
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional A (Attach additional sheets, if necessary	<u>articles, enter change(s) here</u> : y). (Be specific)
•	-N/A
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
	NA
	· · · · · · · · · · · · · · · · · · ·
 	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date a document's effective date on the Department of State's records.	will not be listed as the
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)	
(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 3/24/17	
(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)	
Steven P. Hourigan (Typed or printed name of person signing)	
President	<u>.</u>
(Title of person signing)	