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(Re	questor's Name)	··········
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PICK-UP	WAIT	MAIL
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Certified Copies	Cortificator	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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STORE OF CORPORACIE

America C.COULLIETTE JUN 1 4 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

	•		
NAME OF CORE	PORATION: <u>Leadin</u>	g Edge Really Corpu	milian_
DOCUMENT NU	T 4 (4)	00054727	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	s matter to the following:	
	Chris Weh.	S-C ame of Contact Person	
		e Realty Corporation Firm/Company	<u></u>
	P.O. Box 2	O Address	<u>.</u>
		ity/ State and Zip Code Line. Com d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
Chris W	ehse of Contact Person	at (<u>727</u>) <u>538-2</u> Area Code & Daytime Tele	cphone Number
Enclosed is a check	for the following amount m	nade payable to the Florida Depart	tment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac Amendmen Division of P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301



Corrected, thank you.

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2011

CHRIS WEHSE LEADING EDGE REALTY CORPORATION PO BOX 20 PALM HARBOR, FL 34682

SUBJECT: LEADING EDGE REALTY CORPORATION

Ref. Number: P01000054727

We have received your document for LEADING EDGE REALTY CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to fill in the information needed on page one of the amendment application to indicate the name of the corporation and document number of the corporation you are amending. Please complete the application as needed and resubmit to my attention.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 311A00013919

PECEIVED

11 JUN 13 AM 9: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment to , Articles of Incorporation

of

Leading Golge Rec	ulty Corporal	tran	
(Name of Corporation as Currently	•	Dept. of State)	
PO 10 0005 4727 (Document Number of	of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this Flo	·	opts the following
A. If amending name, enter the new name of the	corporation:		
name must be distinguishable and contain the wabbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession	gnation "Corp," "Inc,	" or "Co". A professional	The new ted" or the corporation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)		AM IO:
•			33 A
D. If amending the registered agent and/or registered new registered agent and/or the new registered		Florida, enter the name of	the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	ddress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Real hereby accept the appointment as registered agent.		nd accept the obligations of t	he position.
Signat	ure of New Registerea	Agent, if changing	

removed a		Officer and/or Director being added:	rector being
Title .	<u>Name</u>	Address	Type of Action
<u> DTS</u>	Shirley Clifford Chris Wehse	1840 N. Bay Dr.#366 Belleair Phase, FL 3370	Add Remove
<u>P15</u>	Chris Wehse	2840 W. Bay Dr # 366 Bolleair Bluffs, FC 33770	Add Remove
			Add Remove
<u>provisi</u>		e, reclassification, or cancellation of iss nt if not contained in the amendment i	

The date of each amendment(s) adoption: 5////
•	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	
(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 5	5/1/11
Signature	director, prosident of other officer – if directors or officers have not been
(By a	director, prosident of other officer – if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
* *	
	Shirley L. Clifford (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	DIC
	(Title of person signing)