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## **COVER LETTER**

TO: Amendment Section Division of Corpor			1 21
NAME OF CORPORA	ATION: //MOT		HARBER, P.A.
DOCUMENT NUMBE	R: <u> </u>	10000 95	081
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Tin	n HARBE	e
	Hon	Name of Contact Person	ATH INC
_	47/	Firm/Company  MF/16	TDIZ
_	Po	CH LEOGE	FL 3275
	E-mail address: (to be us	City/ State and Zip Cod	7MAIL COM
For further information of	concerning this matter, pleas	se call:	
		at (	)
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment 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)
Amen Divisi P.O. B	ng Address dment Section on of Corporations lox 6327 assee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to

Articles of Inc.	وسرسي ۾ پيون
TIMOTHY LAWE H	92BER, P.A.
	filed with the Florida Deof. of:State) [ 1: 113
7010000 950	81
(Document Number of	Corporation (if known) TALL AHAUSES, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
HARBER REALTY IN	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4716 MERLOT DR
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	4716 MERLOT DR ROUHLEDBE, FL 32955
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4716 MENOT DR ROUKLESTEFE 32955
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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.

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>	<u>Name</u>	Address
1) Change	<del></del>		
Add			/
Remove			/
2) Change			
Add			
Remove			
3) Change	<del></del>		<u> </u>
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If amendin</u> (Attach <i>addi</i>	g or adding additional Articles, enter change(s) here: itional sheets, if necessary). (Be specific)
····	
·	
· · · · · · · · · · · · · · · · · · ·	
<del></del>	· · · · · · · · · · · · · · · · · · ·
provisions	dment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself: applicable, indicate $N/A$ )
	/

	21,1	11	
The date of each amendment(s) a	option:	/ /	, if other than the
date this document was signed.	· / / /	, /	
	<b>3</b> /	7/17	
Effective date <u>if applicable</u> :	(no more than 90 days after o	amandment file date)	
	(no more man > v days agree	amenament jue aarej	
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutor partment of State's records.	ry filing requirements, this dat	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were add by the shareholders was/were su	oted by the shareholders. The number of v ficient for approval.	otes cast for the amendment(s	3)
	roved by the shareholders through voting geach voting group entitled to vote separate		ent
"The number of votes cast	or the amendment(s) was/were sufficient for	or approval	
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)		
action was not required.  The amendment(s) was/were ado action was not required.  Dated  Signature  (By a d selected)	nted by the board of directors without sharehold the directors without sharehold rector, president of other officer – if direct, by an incorporator – if in the hands of a red fiduciary by that fiduciary)	der action and shareholder	
	(Typed or printed name of person	on signing)	
	PRESIDEN	J	
	(Title of person sign	ning)	