P01000108782

· (Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1
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Office Use Only



300242080083

11/28/12--01009--005 **43.75

DIVISION OF CORPORATIONS

Amend Namechs

(10 11/3-9/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: HIB REALT	TY CORPORATI	ON
DOCUMENT NUMBE	_{R:} P0100010878	2	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	DILSON CHAG	AS	
	IIB REALTY CORP	Name of Contact Person	HE REALTY BRANCH
<u>1</u>	0 FAIRWAY DR		2
	EERFIELD BEA	<u> </u>	
adils	on@therealtybra	City/ State and Zip Code anch.com	
		sed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call:	
Adilson Chaga	ıs	at (954	, 802-6585
Name of	Contact Person		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)
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Division Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation of



HIB REALTY CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

P01000108782

(Document Number of Corporation (if known)

ent(s) to

DMESET PROFESSIONALS INC.	·	
e must be distinguishable and contain the word "corpora rp.," "Inc.," or Co.," or the designation "Corp," "Inc," of d "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must	
Enter new principal office address, if applicable:	10 FAIRWAY DRIVE	
ncipal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE #102	
	DEERFIELD BEACH, FL 33441	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	10 FAIRWAY DRIVE	
	SUITE #102	
	DEERFIELD BEACH, FL 3344	
Name of New Registered Agent	<u>ess:</u>	
	street address)	
(Florida	, Florida	
New Registered Office Address:	(7in Codo)	
New Registered Office Address:	ity) (Zip Code)	
New Registered Office Address:	ent:	
New Registered Office Address: (Control of the Registered Agent's Signature, if changing Registered Agent's Signa	ent:	

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	<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	V	SONIA L. CHAGAS	10152 DARA COURT
X Add			BOCA RATON, FL
Remove			33428
2) Change	D	FRANK A. CHAGAS	10152 DARA COURT
X Add			BOCA RATON, FL
Remove			33428
3) Change			
Add			
Remove			
4) Change			
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove	ı		
			(

Attach additiona	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)
· · · · · · · · · · · · · · · · · · ·	
f an amendmei	nt provides for an exchange reclassification or cancellation of issued shares
provisions for	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself:
(if not appl	licable, indicate N/A)
·	

The date of each amendment(s)	adoption: 11/24/2012
Effective date if applicable: 1	1/24/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated NOVI	EMBER, 24TH, 2012
Signature	Adil Jupa
By a selec	director, presiden or 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)
	ADILSON CHAGAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)