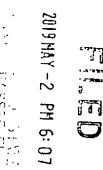
## P02000068239

(Requestor's Name)
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(Business Entity Name)
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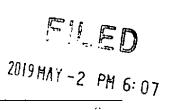


C. GOLDEN MAY 1 3 2019

## COVER LETTER

TO: Amendment Section Division of Corporations		,	
NAME OF CORPORATION	DOLPHIN REALTY, INC.		
DOCUMENT NUMBER: PO	2000068239		
The enclosed Articles of Amer	dment and fee are submitted for	r filing.	
Please return all correspondence	e concerning this matter to the	following:	
CHARL	ES DAVID BARRON		
<del></del>		f Contact Person	
DOLPH ———	IN REALTY, INC.		
6437 LA	Fii AKE SUNRISE DR.	m/ Company	
•		Address	
APOLL	O BEACH, FLORIDA 33572		
	City/ S	ate and Zip Code	
davidbarron l 1			
E-n	nail address: (to be used for futt	re annual report r	notification)
For further information concern	ning this matter, please call:		
CHARLES DAVID BARRON		501	253-3322
Name of Contac	t Person	: ` <del></del>	le & Daytime Telephone Number
Enclosed is a check for the following	owing amount made payable to	he Florida Depar	rtment of State;
	ertificate of Status Certif	Filing Fee & cd Copy is ed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division Clifton I 2661 Ex	Address nent Section n of Corporations Building secutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation



DOLPHIN REALTY, INC.

(Name of C	Corporation as cu	rrently filed with the Florida Dept. of State)
P02000068239		15 / dinagéne
	(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statute	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name	e of the corporati	pn:
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc,	The new oration," "company," or "incorporated" or the abbreviation "or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/o new registered agent and/or the new re		e address in Florida, enter the name of the ldress:
Name of New Registered Agent	HARLES DAVID	BARRON
	37 Lake Sunrise I	Prive
	(Flo	ida street address)
New Registered Office Address:	oilo Beach	, Florida 33572
		(City) . (Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere	g <mark>ing Registered</mark> d agent. I am far	Agent: piliar with and accept the obligations of the position.
I harles	James	Ba
harles	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.

Franchis	e, and Sai	ly Smith,	SV as an Add.		
Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>SV</u>	Sally Sr	nith		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change		<del></del>			
Add					
Remove					
2) Change		_		<u> </u>	
Add					
Remove					
3 ) Change		_			
Add					
Remove					
4) Change		_		,	
Add					-
Remove					
5) Change		_			
Adđ					
Remove					
n Change		<del>.</del>			
Adđ					
Remove					

f amending or adding additional Ar Attach additional sheets, if necessary),	. (Be specific)	
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		·
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an amendment provides for an excl	hange, reclassificat	on, or cancellation of issued shares,
rovisions for implementing the ame	endment if not cont	ained in the amendment itself:
(if not applicable, indicate N/A)		
<del></del>		

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no mor	re th <b>a</b> n 90 days after <mark>am</mark> ondment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	he applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	RE)
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehole must be separately provided for each voting group en	
"The number of votes cast for the amendment(s)	1
by(voting group	.,
(voting group	p)
■ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorpora action was not required.	tors without shareholder action and shareholder
Dated 4/15/19	
Signature Thoules Vering	Aan-
	ther officer – if directors or officers have not been  if in the hands of a receiver, trustee, or other court iduciary)
CHARLES DAVID	BARRON
(Typed or	printed name of person signing)
SOLE DIRECTOR	
	(Title of person signing)