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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Gulf Coast Executive ON:	Realty, Inc.			
	P02000091584				
DOCUMENT NUMBER:					
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
Steven K. Jonas, Esq.					
	((Name of Contact Pers	on)		
Gulf Coast Executive Realty	y, Inc.				
· · · · · · · · · · · · · · · · · · ·		(Firm/ Company)			
4914 State Road 54					
		(Address)	·	··	
New Port Richey, Florida 3	4652				
	(City/ State and Zip Co	de)		
steven@skjonas.com					
E	-mail address: (to be used	for future annual repor	t notification	1)	
For further information conc	erning this matter, please o	all:			
Steven K. Jonas, Esq.		7 at	27	846-6945	
	(Name of Contact Person)		Area Code)	(Daytime Telephor	ne Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida De	partment of S	State:	
S35 Filing Fee	\$43.75 Filing Fee & [Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is esed)	
Mailing A	al al sea o o	64			

Mailing Address

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

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

Articles of Amendment to Articles of Incorporation

Gulf Coast Executive Realty, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P02000091584 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>V</u>	John D. Pierce	4914 State Road 54
X Add			New Port Richey FL 34652
Remove			
2) Change			
Add			•••
Remove			
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary	rticles, enter characteristics). (Be specific))		
	·			
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- FFM 1-2 - 1-2A	 -			
f an amendment provides for an ex provisions for implementing the ar	<u>cchange, reclassi</u>	fication, or cancel	lation of issued sha	ares,
(if not applicable, indicate N/A)	nendment ii iiot	contained in the u		
	<u></u>			· · · · · · · · · · · · · · · · · · ·

	10/17/17	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Up	on filing.	
Effective date <u>if applicable</u> :	(no more than 90 days afte	er amendment file date)
Note: If the date inserted in this document's effective date on the D		ntory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of ufficient for approval.	of votes cast for the amendment(s)
	proved by the shareholders through voting each voting group entitled to vote separ	
"The number of votes cas	for the amendment(s) was/were sufficien	nt for approval
by	(voting group)	,"
,	(voting group)	
☐ The amendment(s) was/were action was not required.	opted by the board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareh	nolder action and shareholder
October i Dated Signature	7,2017 HELLA	
(By a select	lirector, president or other officer — if direct, by an incorporator — if in the hands of ated fiduciary by that fiduciary)	ectors or officers have not been a receiver, trustee, or other court
	Steven K. Jonas, Esq.	
	(Typed or printed name of pe	erson signing)
	President	
	(Title of person s	signing)