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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ Selling Paradise Realty, Inc. DOCUMENT NUMBER: P02000103355 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Connie Mahan Name of Contact Person Selling Paradise Realty Inc. Firm/ Company 3409 Del Prado Blvd S. #103 Address Cape Coral, FL 33904 City/ State and Zip Code connie.mahan@c21sp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Connie Mahan Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Selling Paradise Realty, Inc.	
(Name of Corporation as curre	rently filed with the Florida Dept. of State)
02000103355	
(Document Number	ber of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, t s Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
ame must be distinguishable and contain the word "corporation, Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the word
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	297 297
	2007 AUG 20 AH 10: 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	=======================================
	2
If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional name of New Registered Agent	
(Floride	da street address)
New Registered Office Address:	, Florida
New Negasiereu Office riamess.	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Ag hereby accept the appointment as registered agent. I am famili	
истену ассері іне аррынітені астедыетей адені. Тат јата	au win and accept the conganors of the position.
Signature of New	ew Registered Agent, if changing
beck if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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> 14</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
I) X Change	v	Asheley Mass	3409 Del Prado Blvd STE 103	
Add			Cape Coral, FL 33904	
Remove				
2) X Change	D	Asheley Mass	3409 Del Prado Blvd STE 103	
Add			Cape Coral, FL 33904	
Remove 3) Change				
Add				
Remove				
4) Change				
Add			 	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
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•

	August 17, 2020	
The date of each amendment(s) ad	option:	, if other than th
late this document was signed.		
Effective date if applicable:		
	(no more than 90 days af	ler amendment file datc)
Note: If the date inserted in this blocument's effective date on the Dep		utory filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	ted by the incorporators, or board of o	directors without shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number ficient for approval.	of votes cast for the amendment(s)
	oved by the shareholders through voti ach voting group entitled to vote sepa	
"The number of votes east f	or the amendment(s) was/were sufficient	ent for approval
SPRI Shareholders		•
υ,	(voting group)	
August 17th	, 2020	
DatedSignature	972 D Hal WL	
	ector, president or other officer - if di	
	by an incorporator - if in the hands o	of a receiver, trustee, or other court
appointe	d fiduciary by that fiduciary)	
•	Connie L Mahan	
-	(Typed or printed name of p	person signing)
1	President	

(l'itle of person signing)