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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Nature Coast Real	Estate, Inc.		
	HBER: P02000103611			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	Angela Geoffrion			
		Name of Contact Persor	1	
	Nature Coast Real Estate, Inc			
		Firm/ Company		
	7428 Flyway Drive			
		Address	<u> </u>	
	Spring Hill, FL 34607			
		City/ State and Zip Code	2	
	NatureCoastRealEstate@Liv	e.com		
	E-mail address: (to be us	ed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		
Angela Geoffrion		at (352) <u>688-7778</u>	
Nam	e of Contact Person	Area Co	de & Daytime Telephone	Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address nendment Section		Address ment Section	1 So

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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)
New Registered Office Address: Florida (City) (Zip Code)
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 Check 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)

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:		ay Sman, Sr as an Ada.	
X Change	PT	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>	<u>Addres</u> s
1) Change	V	Jenette McGrew	4620 Keysville Ave
Add			Spring Hill, FL 34608
X Remove			
2) Change	V	Jeffrey Gariepy	7428 Flyway Dr.
X Add			Spring Hill, FL 34607
Remove 3) Change	<u>V</u>	Jarin Gariepy	7428 Flyway Dr.
X Add			Spring Hill, FL 34607
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			illi∰ No yma
Remove			<u> </u>
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	for an exchange, r	reclassification, or	cancellation of issue	d shares,	
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The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this do Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(e sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
11/21/20 Dated	24	
Signature	Juan Geoffian	
sele	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other combined fiduciary by that fiduciary)	1
	Angela Geoffrion	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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SECTION OF STATE