P02000119604

(Re	questor's Name)	
(Ad	dress)	
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	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
ALLAHASSEE, FI ORIGINAL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>C & [</u>	O Homes, Inc.	+
DOCUMENT NUMBER: P02000	0119604	Œ
The enclosed Articles of Amendment ar	nd fee are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
	Christopher M. Sterner	
	(Name of Contact Person)	
	C & D Homes, Inc.	
	(Firm/ Company)	
	PO Box 4566	
	(Address)	
	Ocala, Florida 34478 (City/ State and Zip Code)	
For further information concerning this	matter, please call:	
Christopher M. Sterner	at (<u>352</u>) <u>274-2053</u>	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following an	nount made payable to the Florida Department of State:	
\$35 Filing Fee \$\sum \\$43.75 Filing Fee Certificate of State		itus
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



February 19, 2009

CHRISTOPHER M. STERNER P.O. BOX 4566 OCALA, FL 34478

SUBJECT: C & D HOMES, INC. Ref. Number: P02000119604

We have received your document for C & D HOMES; INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is M03000001482.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 509A00005899

Carol Mustain Regulatory Specialist II

Articles of Amendment to Articles of Incorporation of

	<u>iomes, in</u>		+	
(Name of Corporation as currently	filed with t	he Florida Dept. of Sta	<u>ite</u>)	
P02000	0119604		_	
(Document Number		on (if known)	+	
Pursuant to the provisions of section 607.1006, Fifollowing amendment(s) to its Articles of Incorporate		es, this <i>Florida Profit</i>	Corporation adop	ts the
to its Afficies of incorporate	ition.			
A. If amending name, enter the new name of the	corporation	<u>ı:</u>		
Florida Commercial Properties, Inc. Florida	ila Hedica	1 Real Estate Ton	-	
The new name must be distinguishable and o	contain the	word "corporation,"	"company," or	
"incorporated" or the abbreviation "Corp.," "Inc	c.," or Co.,	" or the designation "	"Corp," "Inc," or	
"Co". A professional corporation name massociation," or the abbreviation "P.A."	ust contain	the word "chartered	d," "professional	
B. Enter new principal office address, if applicat	ble:	1823 SE Fort King Str	eet	
(Principal office address <u>MUST BE A STREET Al</u>	DDRESS)	0	Z	_
		Suite 201	ECC 3	ž
		Ocala, Florida 34471	<u>&@_</u>	<u> </u>
C. Enter new mailing address, if applicable:			SSE -	, <u> </u>
(Mailing address MAY BE A POST OFFICE B	BOX)	PO Box 4566	, G	ED.
		Ocala, FL. 34478	FEC.	. 0
		Ocala, FL. 34470		
			<u>≯</u> m ∞	
D. If amending the registered agent and/or regis	tored office	adduses in Florida, ant	ton the name of the	
new registered agent and/or the new registere			ter the name of the	Ē
Name of New Registered Agent:			_	
·				
New Registered Office Address:	(Floria	da street address)		
			, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing R	Registered Ac	zent:		
I hereby accept the appointment as registered age position.			ot the obligations	of the
Signa	ature of New	Registered Agent, if cha	anging	

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Р	Gail Alvarez	5608 CHARLES DRIVE	☐ Add
		TAMPA FL 33619	Remove
<u>P</u>	Christopher M. Sterner	4886 SW 110th Street	Add □ Remove
		Ocala, FL, 34476	Remove
			Add
			□ Remove
			
	iding or adding additional Articles, additional sheets, if necessary). (Be		
(anach i	dauttional sneets, if necessary). (Be	specific)	
F Ifan e	nmendment provides for an exchang	re reclassification or cancellation (nficewod charoc
	tions for implementing the amendm		
	not applicable, indicate N/A)		
All Shares	belonging to Gail Alvarez are hereby	reallocated to Christopher Sterner.	
-			

T	re date of each amendmen	t(s) adoption: Feb 13th, 2009
Ef	fective date <u>if applicable</u> :	March 1st, 2009
		(no more than 90 days after amendment file date)
Αċ	doption of Amendment(s)	(CHECK ONE)
		ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
		ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
	"The number of votes	cast for the amendment(s) was/were sufficient for approval
	by	,,,
	*	(voting group)
	action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
	sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
		Christopher M. Sterner
		(Typed or printed name of person signing)