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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	DANIEL MAUR	ICE TATE, PA	Α	
DOCUMENT NUMBER:F	203000078199			
The enclosed Articles of Amendm	ent and fee are subr	nitted for filing.		
Please return all correspondence c	onceming this matte	r to the followir	ng:	
LOUIS	JOHN CLAPS, C	P.A.		
LOUIS J	Name of Contact Person LOUIS JOHN CLAPS, C.P.A. & ASSOCIATE, P.A.			
Firm/ Company 11440 OKEECHOBEE BLVD, SUITE 206				
		Addre	ss	
ROYAL P	ALM BEACH, FL	33411		
		City/ State and	Zip Code	
DANIEL@T	ATEFLORIDAHO	MES.COM		
E-mail	address: (to be used	for future annu	ial report no	otification)
For further information concerning	g this matter, please	call:		
LOUIS JOHN CLAPS, C.P.A		at (561	791-4505
Name of Contact F	erson		Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:				
	75 Filing Fee & ificate of Status	■\$43.75 Filing Certified Cop (Additional co- enclosed)	ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Set Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations		Division Clifton B 2661 Exc	ent Section of Corporations

Articles of Amendment to Articles of Incorporation of

DANIEL MAURICE TATE, P.A.

(Name of Corporation as curr	ently filed with the Florida Dep	t. of State)	
P03000078199			
(Document Number	er of Corporation (if known)	·	
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation a	dopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>		
TATE FLORIDA REALTY, INC.			The new
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviation	or "Co". A professional corpor		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1250 SOUTH PINE IS	SI AND DOA	D SUITE 375
	-		
	PLANTATION, FL 33	324	
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		me of the	
(Florid	la street address)		**************************************
New Registered Office Address:		_, Florida	
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am famil	(City) gent: liar with and accept the obligation	· ·	Zip Code) on.
		ECRE	42 () () () () () () () () () (
Signature of No	ew Registered Agent, if changing	15	O
			O Friend

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: X Change	<u>PT</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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
		•	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
Derive and the second s	
	•
If 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:
	

The date of each amendment(s) date this document was signed.	adoption:JANUARY 19, 2016	, if other than th
Effective date if applicable:	JANUARY 19, 2016	
<u> </u>	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirem Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the a sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amenda	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sha	areholder
Dated	25/16	
Signature	Daniel Tate	
sele	a director, president or other officer – if directors or officers hat cted, by an incorporator – if in the hands of a receiver, trustee, cointed fiduciary by that fiduciary)	
	DANIEL M. TATE	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
	(Title of person signing)	