## P03000100013

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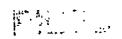
## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COFFEY REA	L ESTATE SERVCES CORP.
DOCUMENT NUMBER: P03000100013	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
WANDA I REEVES	
	Name of Contact Person
ACCOUNTING & CLEF	RICAL BY REEVES & ASSOCIATES, INC.
<del></del>	Firm/ Company
501 GOODLETTE ROA	D, STE B204
-	Address
NAPLES, FLORIDA 34	102
	City/ State and Zip Code
wandaacra@earthlink.net	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p  JEAN A COFFEY	slease call: \$58 - 1597
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu	
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 of

COFFEY REAL ESTATE SERVICES CORP.



(Name of Corporation as curren	itly filed with the Florida Dept. of State)		
	of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendm		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain th		
B. Enter new principal office address, if applicable:	287 ALBI ROAD, #3		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	NAPLES, FLORIDA 34112		
	<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	501 GOODLETTE RD, STE B204		
<u></u>	NAPLES, FLORIDA 34102		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address			
Name of New Registered Agent			
<del></del>			
	treet address)		
New Registered Office Address:	(City) . Florida (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian			
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, nan 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. Ta change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a C 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	VP	ROBERT T COFFEY	287 ALBI ROAD, #3			
Add X Remove			NAPLES, FL 34112			
2) Change	Т	LORI YOUNG	P. O. BOX 128			
X Add			BONITA SPRINGS 34133			
Remove						
3 ) Change		_				
Add						
Remove						
4) Change			· · · · · · · · · · · · · · · · · · ·			
Add			<del></del>			
Remove			<del></del>			
5) Change			<u>-</u>			
Add						
Remove						
6) Change						
Add						
Remove						

	REMOVE ROBERT	r coffey as ve	AND ADD LORI	YOUNG AS TREAS	URER.
				<del></del>	
	<u></u>	<u> </u>			
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If an amend	ment provides for an e	vehange reclassif	ication or cancells	ation of issued shares	:
provisions	for implementing the ai	mendment if not o	contained in the an	nendment itself:	•
(if not a	applicable, indicate N/A)	ı			
				-	
					<del>.</del>
	-				

	JUNE 15, 2019	
The date of each amendment		_, if other t
date this document was signed.		
	06/15/19	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not be department of State's records.	not be listed
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ad 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)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated Signature	June 24 2019 Deane 16 Coffee	_
sé	y a director, president or other officer if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	-
	JEAN A COFFEY	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	