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#### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Federated Manage	ment Group, Inc.	
DOCUMENT NUME	P03000129881		~ <del></del>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	W. Kyle Jones		
,	Federated Management Grou	Name of Contact Person ip, Inc.	1
	7855 Argyle Forest Blvd. S	Firm/ Company uite #401	
	Jacksonville, FL 32244	Address	
		City/ State and Zip Cod	e e
fla_in	vest@msn.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Kyle Jones		904 at (	509-0279
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 shassee, FL 32314	Amenc Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assec. FL 32301

### Articles of Amendment of

Federated Management Group, Inc

# State) Articles of Incorporation

nt(s) to

(Name	of Corporation as currer	itly filed with the Florida Dept. of State)	727
P03000129881			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, th	is Florida Profit Corporation adopts the follow	ing amendme
A. If amending name, enter the new na	ame of the corporation:		
Federated Property Management Group,	Inc.		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc." or	ion," "company," or "incorporated" or the "Co". A professional corporation name mu. "P.A."	abbreviation
D. Enter now principal office address	if applicable.	7855 Argyle Forest Blvd, Suite #401	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Jacksonville, FL 32244	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7855 Argyle Forest Blvd. Suite #401	
		Jacksonville, FL 32244	
D. M			
<ol> <li>If amending the registered agent ar new registered agent and/or the ne</li> </ol>			
Name of New Registered Agent	William K Jones	<del></del>	
mane of the regimered right	7855 Argyle Forest Blvc	1. Suite #401	
	(Florida .	street address)	
New Registered Office Address:	Jacksonville	32244 Florida	ļ
			ip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		nt: r with and accept the obligations of the position	ч.
	S	Design of the state of	
	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, 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 De	<u>ગ</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Address</u>
l) Change		_		
Add				
Remove				
2) Change				
Add		_	<del></del>	
Remove				
3 ) Change				
Add		-		
Remove				
4) Change		_		*
Add				
Remove				
5) Change		<b></b> •		
Add				
Remove				
6) Change		<del></del>		
Add				
Remove				

	rticles, enter change(s) here: ). (Be specific)
	<u> </u>
<del>-</del>	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the amount	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:date this document was signed.	if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6 /1/15/2017 Signature Willer K. Jon	
(By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
William K. Jones	
(Typed or printed name of person signing)	
President	
(Title of person signing)	