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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Islanders Realty Corp.						
DOCUMENT NUMBER: <u>P04000031333</u>						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
John E Anderson						
Tslanders Really Corp. Firm/Company Solana Rd						
Ponte Vedra Beach FL 32082 City/ State and Zip Code						
Johnanderson @ allstate.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
John E Anduson at 904 687-3000 Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						

Articles of Amendment

to
Articles of Incorporation

of O		
Islanders Kealty Cory	•	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
<u> </u>		
(Document Number of Corporation (if I	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following an	nendment(s) t
A. If amending name, enter the new name of the corporation:	N/W The	e new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbre o". A professional corporation name must cont	viation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	-N p	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/W = 3	SECRET
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ss in Florida, enter the name of the	ARY OF VRY OF
Name of New Registered Agent	<u>N/ pr≥0.</u> = 5	
(Florida stree	et address)	
New Registered Office Address: (City)	Florida, CZip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	
Signature of New Registered As	gent 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 Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jo	nes			
X Add	<u>sv</u>	Sally Sm	<u>uith</u>			
Type of Action (Check One)	<u>Title</u>		Name		Address	
1) Change	\checkmark	_]	Kathleen	Anderson	Ponte Vedra Blach	07
Add Remove					FL 32082	
2) Change		_				
Remove						
3) Change		_				
Remove 4) Change						
Add Remove		_				
5) Change						
Add Remove						
6) Change		_				
Add						
Remove						

	n additional sh	eets, if neces	sary). (Be	e specific)	N	A		
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fans	amendment p	rovides for s	n exchange	e reclassificat	ion, or can	cellation of is	sened chares	L
provi	isions for imp (if not applicat	lementing th	ne amendme					•
(у погаррисан	ne, inaicaie i	WA)					
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	John	<u>E 17</u>	tnale v	<u>5077 </u>	٠ .	0%	har	(5
			/1			- 		
	Kath	leen	Hno	duson	2	50%	She	ares
						· -	_	
	·							

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: 11/25/13	_
Effective date if applicable: /// /3 //3 // // // // // // // // // /	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by"	
(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 1// 25/13	
Signature full	
(By a director, president or 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)	
(Typed or printed name of person signing)	_
(Typed or printed name of person signing)	
TRESIDENT	
(Title of person signing)	_