P04000076776

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP_ WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400043524864

111/03/05--01022--001 **35.00

LECRETARY OF STATE

FILED



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION: Rea	1 Estate Ma	en Amensions,	Inc
DOCUMENT NU	MBER:			
The enclosed Article	les of Amendment and fee a	are submitted for filing.		
Please return all con	rrespondence concerning th	is matter to the following:		
<u></u>	(Name	of Contact Person)		
	Mal E	state Now C	Diners, ons	
·	2625 K	(Address) (Address) (Address)	Suite One	
	Turpon Son (City/8)	tate/ and Zip Code)	3468	
For further information	tion concerning this matter,	please call:		
(Name	of Contact Person)	at (727) 90 (Area Code & Daytim	PZ 7245 e Telephone Number)	
	for the following amount:	,	•	
\$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	ing Address ndment Section sion of Corporations Box 6327	Street Address Amendment Section of Corporation of	orations	

Tallahassee, FL 32399