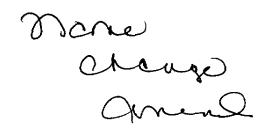
P0400128836

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



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10/05/04--01038--008 **49.75



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CO | DRPORATION: FLORI d | A DREAM | Property INC |
|-------------------|--|--|---|
| DOCUMENT | NUMBER: P 5400012 | 8836 | |
| The enclosed A | Articles of Amendment and fee are | submitted for filing. | |
| Please return a | ll correspondence concerning this | matter to the following: | |
| - | ELENA Kot | OM'INA Contact Person) | |
| ~ | Computax | | NC |
| ~ | 25 DLD KIND | | Pc |
| - | PALM COAST (City/State | FL 3213 e/ and Zip Code) | <u>.</u> |
| For further info | ormation concerning this matter, p | | |
| ELENA | KOHMINA Name of Contact Person) | at (586) 4 L (Area Code & Dayti | 16-2932 me Telephone Number) |
| | heck 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) |
| Mailing Address | | Street Address | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

| | | Amendment to Incorporation of | 04 OU SECRET | FILED CI-5 MID: 14 |
|--|--------------------------------|--|-----------------|-----------------------|
| FLOREDA | DREAM | Property | West | SSEE FIXATE |
| | ne of corporation as currently | | Dept. of State) | THE CHAID ! |
| Po4 | 000 12 8836 | | | |
| | (Document number o | f corporation (if known | i) | |
| Pursuant to the provisions adopts the following amer | | | Iorida Profit | Corporation |
| NEW CORPORATE NA | | | | |
| FLORIDA I | DREAM PRO | perties, | NC | |
| (Must contain the word "corpor (A professional corporation mu | | | | |
| AMENDMENTS ADOP and/or Article Title(s) bein | | | <u>(C)</u> | cle Number(s) |
| Pleese | - unknje | - 1 MX | neme | TRUM |
| FLORIDA | DREAM | Prorent | y INC | <u>-</u> |
| | to | | | |
| FLORIDA | DREAM | Propert | ies, | INC. |
| | | , | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | (Attach additional | pages if necessary) | | |
| If an amendment provides for implementing the amer | for exchange, reclassific | ation, or cancellation | | |
| | | | | |

(continued)

| The date of each amendment(s) adoption: 09.09.2004 |
|---|
| Effective date if applicable: 09.30.2004 (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were approved 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. |
| Signed this 30 day of September 2004. |
| Signed this 30 day of September 2004. Signature (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) |
| Monra Medve dove KAYA (Typed or printed name of person signing) |
| (1 yped or printed name of person signing) |
| (Title of person signing) |

FILING FEE: \$35