P0500009724

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



700234743007

05/08/12--01015--028 **35.00

Donne



MAY 15 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: EXPRESS | REAL ESTATE | INC |
|-------------------------|---|--|--|
| | BER: P0500000972 | 24 | |
| The enclosed Articles | s of Amendment and fee are su | ibmitted for filing. | |
| Please return all corre | espondence concerning this ma | tter to the following: | |
| | CLAUDIA CASTI | RO | |
| | | Name of Contact Person | n |
| | EXPRESS REAL | ESTATE INC | |
| | | Firm/ Company | |
| | 8045 NW 36 ST | SUITE 516 | |
| | | Address | |
| DORAL FL 3316 | | 6 | |
| | | City/ State and Zip Cod | e |
| ex | oressrealestate@r | mail.com | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | n concerning this matter, pleas | se call: | |
| CLAUDIA C | ASTRO | at (305 | _, 591-0101 |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check fo | or the following amount made p | payable to the Florida Depa | urtment 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) |
| <u>Ma</u> | iling Address | | Address |
| | endment Section | Amendment Section | |
| | ision of Corporations . Box 6327 | Division of Corporations Clifton Building | |
| | ahassee, FL 32314 | 2661 Executive Center Circle | |
| · | | Tallahassee, FL 32301 | |

Articles of Amendment to Articles of Incorporation

| F | LEN |
|-----------|---------------------------|
| SECRETARY | |
| AHASS | RY OF STATE FE FLORIDA |

EXPRESS REAL ESTATE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000009724

(Document Number of Corporation (if known)

dment(s) to

| A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbre "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must cont word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) BO45 NW 36 ST Suite 516 Doral Fl 33166 Doral Fl 33166 |
|---|
| name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbre "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must cont word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 8045 NW 36 ST Suite 516 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Doral Fl 33166 8045 NW 36 ST Suite 516 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Doral FI 33166 8045 NW 36 ST Suite 516 |
| (Mailing address MAY BE A POST OFFICE BOX) |
| (Mailing address MAY BE A POST OFFICE BOX) |
| |
| |
| |
| |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: |
| Name of New Registered Agent CLAUDIA CASTRO |
| 369Lakeview Dr. #105 Weston fl33326 |
| (Florida street address) |
| New Registered Office Address:, Florida |
| (City) (Zip Code) |

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: XChange | <u>PT</u> | John Do | <u>oe</u> | | |
|-------------------------------|--------------------------|--------------|-------------|-----------------|---------|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jo | <u>ones</u> | | |
| X Add | <u>sv</u> | Sally Sr | nith | | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | <u>Addres</u> s | |
| 1) Change Add Remove | | _ | | | |
| 2) Change Add Remove | | | | | <u></u> |
| 3) Change Add Remove | | _ | | | |
| 4) Change Add Remove | | _ | | | |
| 5) Change Add Remove | | _ | | | |
| 6) Change Add Remove | | . | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |
|---|
| Article II |
| The principal place of business address: 8045 NW 36 St. Suite 516 |
| Doral fl 33166 |
| The mailing address of the Corporation: 8045 NW 36 St. Suite 516 |
| Doral Fl33166 |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
| I herewith transfer 50% of the company shares to Carmen Negrin, |
| the 50% shares remains in Claudia Castro |
| |
| |
| |
| |
| |
| |

| • |
|--|
| The date of each amendment(s) adoption: $5-2-12$ |
| Effective date if applicable: 05-02-2012 |
| (no more than 90 days after amendment file date) |
| |
| 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 CLAUDIA CASTRO |
| (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 05-02-2012 |
| Dated |
| Signature Clauden Onter |
| (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) |
| CLAUDIA CASTRO |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |