

P05000013018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

James Lester  
Advised to Add  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY - 8 AM 8:20

Amend/name  
@ 5/13/14 ch8

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HLPPC Inc. // NIMS Clinic

DOCUMENT NUMBER: P05000013018

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Lester

Name of Contact Person

Capital Real Estate Assets

Firm/ Company

PO Box 180504

Address

Tallahassee Florida 32318

City/ State and Zip Code

CRAcapitalrealestateassets@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Lester

Name of Contact Person

at ( 850 ) 212-7615

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

HLPPC Inc. // NIMS Clinic

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

P05000013018

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Capital Real Estate Assets, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the 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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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 N/A

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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SECRETARY OF STATE  
CORPORATION  
14 MAY -8 AM 8:28

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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

| Type of Action<br>(Check One)           | Title      | Name                       | Address                          |
|-----------------------------------------|------------|----------------------------|----------------------------------|
| 1) <input type="checkbox"/> Change      | <u>CEO</u> | <u>James Edward Lester</u> | <u>1663 Kay Avenue Unit A</u>    |
| <input checked="" type="checkbox"/> Add |            |                            | <u>Tallahassee Florida 32301</u> |
| <input type="checkbox"/> Remove         |            |                            |                                  |
| 2) <input type="checkbox"/> Change      | <u>P</u>   | <u>James Edward Lester</u> | <u>1663 Kay Avenue Unit A</u>    |
| <input checked="" type="checkbox"/> Add |            |                            | <u>Tallahassee Florida 32301</u> |
| <input type="checkbox"/> Remove         |            |                            |                                  |
| 3) <input type="checkbox"/> Change      |            |                            |                                  |
| <input type="checkbox"/> Add            |            |                            |                                  |
| <input type="checkbox"/> Remove         |            |                            |                                  |
| 4) <input type="checkbox"/> Change      |            |                            |                                  |
| <input type="checkbox"/> Add            |            |                            |                                  |
| <input type="checkbox"/> Remove         |            |                            |                                  |
| 5) <input type="checkbox"/> Change      |            |                            |                                  |
| <input type="checkbox"/> Add            |            |                            |                                  |
| <input type="checkbox"/> Remove         |            |                            |                                  |
| 6) <input type="checkbox"/> Change      |            |                            |                                  |
| <input type="checkbox"/> Add            |            |                            |                                  |
| <input type="checkbox"/> Remove         |            |                            |                                  |

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

N/A

**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)

Please amend Capital Real Estate Assets authorized the number of common shares of  
5 billion shares.

The date of each amendment(s) adoption: May 05, 2014, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 \_\_\_\_\_."  
(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 May 06, 2014

Signature J E L L  
(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)

James Edward Lester

(Typed or printed name of person signing)

President, Founder and CEO

(Title of person signing)