P05000043005

(Req	uestor's Name)	
(Add	ress)	
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(Citha	/State/Zip/Phone	- #\
(City	/State/Zip/Phone	s #)
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C. LEWIS

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EXARIINER

COVER LETTER

TO: Amendment Section

Division of Corpo	orations		
NAME OF CORPOR	RATION: Stanley Bis	shop, Inc.	
	P0500004300		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Nanci Soriano		
		Name of Contact Person	1
	Stanley Bishop, I	nc dba EXIT Re	eal Estate Gallery
	44704.0	Firm/ Company	
	11701 San Jose		
	Jacksonvilla El 1	Address	
	Jacksonville, FL	City/ State and Zip Cod	a
			•
nar	cisoriano@gmail		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Nanci Sorian	0	at (904	, 260-5300
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address Indian Address Indian of Corporations Box 6327 Inhassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

14 MAY -1 MM 10: 13

Stanley Bishop, Inc	SELVE ASSESS OF ORREST
(Name of Corporation as currently filed with the	Florida Dept. of State)
P05000043005	
(Document Number of Corporation	(if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
V/A	The new
name must be distinguishable and contain the word "corporate" "Corp" "Inc" or Co.," or the designation "Corp," "Inc," or vord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Production of the first of the second	N/A
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
tea to a second	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
·	
2. If amending the registered agent and/or registered office ad-	
new registered agent and/or the new registered office addre	<u>ss:</u>
Name of New Registered Agent N/A	
(Florida s	street address)
New Registered Office Address:	, Florida
(City	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agenthereby accept the appointment as registered agent. I am familian	
погоду иссері іне арроліштет из гезіліегся азеті. — і ат јатта	with and accept the obligations of the position.
69	1
Signature of New Registered	г лдет, 11 спапуту

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Director	Robert Goodwin	5567 Steamboat Road
Add		,	St. Augustine, FL 32092
Remove			
2) Change			
Add			
Remove			
3) Change			
Add		•	
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
<u> </u>			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	(ac in the same)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	stoment if not contained in the amengment risen.
N/A	
	



The date of each amendment(s) adoption:	14 HAY -1 19410: 13	, if other than the
date this document was signed.		
Effective date if applicable:	SECKLIARY OF STATE PAINTHASSER FLOREDY	
	than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ON)	<u>(</u>)	
The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	rs. The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entities.		
"The number of votes cast for the amendment(s) v	was/were sufficient for approval	
by		
(voting group)		
The amendment(s) was/were adopted by the board of diaction was not required.	irectors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporate action was not required.	ors without shareholder action and shareholder	
Dated 4/28/2014		
Signature		
(By a director, president or of	ner officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court duciary)	
Raymond A Rier		Rivera
(Ty _i	ped or printed name of person signing)	
CFO		
	(Title of person signing)	