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SECRETARY OF STATE
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AND 124

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ASSOCIATED BU	al Estate Investment
DOCUMENT NUMBER: P050000 929	7.35
The enclosed Articles of Amendment and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the	following:
Name of Contact Person	<u></u>
Associated Beal Esta (Firm/Company)	te Investment Group, Inc.
19045 Dale Mabry (Address)	Hwy N
Lutz, FL 33548 (City/ State and Zip Code))
For further information concerning this matter, please call:	
Lily Flores at (813) (Name of Contact Person) (Are	2 2000 - 4400 Ra Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	Copy Certificate of Status nal copy is Certified Copy
Division of Corporations Division of P.O. Box 6327 Clifton But	ent Section of Corporations

Tallahassee, FL 32301

• Articles of Amendment
Articles of Incorporation
of e
Associated Heal Blate Investment Group, In = =
(Name of corporation as currently filed with the Florida Dept. of State)
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Please Change the following Officers under
Acticle VII to:
Lily Flores - President
19045 Dale Mabry Hwy N
hutz, FL 33548
Michael Hubschman - Vice President
825 N. Grand View Ave.
Daytona Beach, FL 32118
(Attach additional pages if necessary)
If an amendment provides for 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)
NIA

(continued)

The date of each amendment(s) adoption: 6/18/08
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
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.
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)
(Typed or printed name of person signing)
Plesident (Title of person signing)
(Title of person signing)

FILING FEE: \$35