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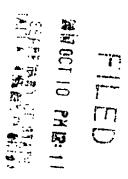
| (R | equestor's Name) | |
|-------------------------|-----------------------|-------------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone # | 7) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Name |) |
| (D | ocument Number) | |
| Certified Copies | Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | ORATION: PCS Real Estate Se | olutions Inc | | |
|---|---|---|--|--|
| DOCUMENT NUN | 1BER: P05000133449 | | | |
| | es of Amendment and fee are su | bmitted for filing. | | |
| Please return all corr | respondence concerning this ma | tter to the following: | | |
| | Donald Sean Burns | | | |
| | | Name of Contact Person |) | |
| | PCS Real Estate Solutions In | С | | |
| | | Firm/ Company | | |
| | 6690 HWY 87 N | Time Company | | |
| | | Address | | |
| | Milton, FL 32570 | 7.22.7.2 | | |
| | | City/ State and Zip Code | | |
| | | City/ State and Zip Code | • | |
| dsb | 1966@aol.com | | | |
| | E-mail address: (to be us | sed for future annual report | notilication) | |
| | | | | |
| For further informati | on concerning this matter, pleas | se call: | | |
| | | | 393 7105 | |
| Sean Burns | | at (| 393 7105 | |
| Name | e of Contact Person | Area Coo | de & Daytime Telephone Number | |
| England is a shark | for the following amount made | novembra to the Electeda Dama | rmont of State: | |
| Buciosed is a check | for the following amount made | payable to the Florida Depa | rement of state. | |
| □ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ■\$52.50 Fifing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| <u>,11</u> | ailing Address | Street . | Address | |
| ۸r | nendment Section | | ment Section | |
| | vision of Corporations | | n of Corporations | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle | | | | |
| 1.3 | Hahassee, FL 32314 | 2001 €. | Accurry Contol Circle | |

Tallahassee, FL 32301

fused to DBPR 10/2/11 215pm

October 1, 2017

To Whom it may concern:

I, Lisa L. Burns, License# BK3080498 resign my position as Broker of PCS Real Estate Solutions License#CQ1024141 effective October 1, 2017.

My position will be filled by Donald Sean Burns, License #BK3081313 effective October 1, 2017.

I will remain the active Broker BK3273433 at Pensacola Real Estate Professionals LLC

Feel free to contact me with any questions and concerns

Thank you

Lisa L. Burns

Twa L. Burn

850.393.7106

Articles of Amendment to Articles of Incorporation of

| PCS Real Estate Solutions Inc | |
|-------------------------------|--|
|-------------------------------|--|

| P05000133449 (Document Pursuant to the provisions of section 607,1006, Florida States Articles of Incorporation: A. If amending name, enter the new name of the corpo | | | ing ame | endment(s) |
|--|-----------------------------------|--|-----------|------------------|
| Pursuant to the provisions of section 607.1006, Florida Statists Articles of Incorporation: | itutes, this Florida Profit Corpo | | ing ame | endment(s) |
| its Articles of Incorporation: | | oration adopts the follow | ing ame | endment(s) |
| A. If amending name, enter the new name of the corpo | ration: | | | |
| | | | | |
| | | | The | acn [,] |
| name must be distinguishable and contain the word "a "Corp.," "Inc.," or Co.," or the designation "Corp." " word "chartered." "professional association," or the abb | Inc." or "Co". A professione | | | iation |
| 3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u> . | <u>SS</u>) | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | Programme of the control of the cont | 33 | |
| | | 100 M | 200 | 11 |
| | | A STATE OF THE STA | 0 | • |
| If amending the registered agent and/or registered on new registered agent and/or the new registered office. | | | PH 189: 1 | |
| Name of New Registered Agent Donald Scan Bu | ums | | | |
| 6690 Hwy 87 N | | | | |
| | (Florida street address) | | _ | |
| | • | | | |
| New Registered Office Address: | , | , Florida 32570 | | |

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: \underline{X} Change | <u>PΤ</u> | John Doe | |
|---------------------------------|--------------|---------------|--------------------|
| X Remove | <u>V</u> | Mike Jones | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | P | Lisa L. Burns | 2841 Inverness Ct |
| Add X Remove | | | Pensacola FL 32503 |
| 2) Change | <u>P</u> | D. Sean Burns | 6690 Hwy 87 N |
| X Add | | | Milton, FL 32570 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | *** | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| tach additional sheets, if necessary | Articles, enter chang v). (Be specific) | | | |
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| an amendment provides for an c | wahanna vaalaesific | ution or concelle | itian of icenad chai | roc |
| rovisions for implementing the a | amendment if not co | ntained in the an | nendment itself: | <u> </u> |
| (if not applicable, indicate N/A |) | | | |
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| | I(s) adoption: | , if other than th |
|---|---|----------------------------|
| date this document was signed | | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | this block does not meet the applicable statutory filing requirements, this dat he Department of State's records. | e will not be listed as th |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| | re adopted by the shareholders. The number of votes cast for the amendment(s' ere sufficient for approval. |) |
| ☐ The amendment(s) was/we must be separately provid | re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s): | 1/ |
| | s cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholde | г |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder | |
| 10/1/ | 2017 | |
| Dated Signature | Risa & Burm | |
| (I 8 | By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other courppointed fiduciary by that fiduciary) | |
| | Lisa L. Burns | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |