

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



700304077727

10/02/17--01021--021 ++35.00

OCT -2 PH 4: 0 CRETARY OF STATE LAHASSEE, FLORID

OCT 03 2017 S. YOUNG

## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: SEVEN DAKS REA	•
DOCUMENT NUMBER: P0500015	4330
The enclosed Articles of Amendment and fee are submitted for filir	g.
Please return all correspondence concerning this matter to the follow	-
DAVID S Mê	HREH
Name of Co	ntact Person
SEVEN OAKS RE	MITY GROUP, INC.
Firm/C	ompany
- 7 140 WINDGU	ARD GRUE, SEE 101
, Auu	PEL, FL. 33544
City/ State a	nd Zip Code
DAKE CZI	Sopla, COM
E-mail address: (to be used for future an	
For further information concerning this matter, please call:	
DAVID S. MoHREN	813, 293-6177
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the F	  lorida Department of State: 
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified C (Additional enclosed)	opy Certificate of Status
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation of

SEVEN DAKS REA	LTY GROVI	), INC.			
(Name of Corporation as curre	ntly filed with the Flor	ida Dept. of State)	)		_
P 0500	0 154 336				
(Document Number	r of Corporation (if know	n)			_
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corpo	ration adopts the fo	ollowing amen	dment(s)	to
A. If amending name, enter the new name of the corporation:	. <b>)</b>				
name must be distinguishable and contain the word "corpora	tion " "company " or	"incorporated" or	The the abbrevia	new ution	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." o word "chartered," "professional association," or the abbreviatio	r ['Co". A professional				
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<del></del>	NA		_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	SECRETARY ALLARASSI	- 17 OCT - 2	
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office address.		the name of the	ः सिद्ध	_ i	·-
Name of New Registered Agent	NIA		FLORIDA	PH 4: 03	フ
(Florida	street address)			ω	_
New Registered Office Address:	(City)	, Florida	(Zip Code)	<del></del>	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		bligations of the po	sition.		
Signature of Ne	w Registered Agent, if ch	anging	<del></del>		
·	1				

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 Doc		
X Remove	<u>v</u>	Mike Jones		
X	<u>sv</u>	Sally Smith		
Type of Action	<u>Title</u>	Name		<u>Addres</u> s
(Check One)	VD	BRENNA M	EDDINS	29650 EAGLE STATION DE
Add				29650 EAGLE STATION DR WESLEY CHAPEL, Fr.
Remove				33544
2) Change				
Add				
Remove				
3 ) Change				<del></del>
Add				
Remove				
4) Change				
Add				<del></del>
Remove				
5) Change				
Add				<del></del>
Remove				<del></del>
6)Change				
Add				
Remove				

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)	nnere.	
		MA	
<del> </del>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	· <u>-</u> -· -·		
	· <u>-</u>	<u> </u>	
	<del></del>		
	· · · · · · · · · · · · · · · · · · ·		
	<del></del>		
an amendment provides for an exch	anda madawifianti	on an annuallation of bound shows	
provisions for implementing the ame			
(if not applicable, indicate N/A)	. 1		
	NI	<u>A   </u>	
<del></del>			-
	<del> </del>		
		1	
	·		

The date of each amendment(s) add	option:	27-2017	·	_, if other than the
date this document was signed.  Effective date if applicable:	9- d (no more than 90	27-2017 days after amendment	file date)	
Note: If the date inserted in this blo document's effective date on the Dep		  ble statutory filing req 	uirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adop by the shareholders was/were suff		number of votes cast fo	or the amendment(s)	
☐ The amendment(s) was/were appr must be separately provided for e				
"The number of votes cast fo	or the amendment(s) was/were	sufficient for approval	l	
by	(voting group)			
☐ The amendment(s) was/were adoptaction was not required.	, , ,	vithout shareholder act	ion and shareholder	
The amendment(s) was/were adopaction was not required.	ted by the incorporators witho	out shareholder action a	ınd shareholder	
	-27-2017 SM Shugector, president or other office			_
	by an incorporator – if in the d fiduciary by that fiduciary)	hands of a receiver, tru	istee, or other court	
-	DAVID	MOH2 ame of person signing)		
	PRESIDENT		CTOR	
-	(Title o	f person signing)		