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C. CARROTHERS

COVER LETTÉR

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Robin Sherman, P.	A			
DOCUMENT NUMB					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Robin Sherman				
·		Name of Contact Person	n		
	Robin Sherman Real Estate				
-		_ · Firm/ Company			
	5104 Soundside Drive				
•	Address				
Gulf Breeze, FL 32563					
		City/ State and Zip Cod	е		
Robin	@PensacolaForYou.com				
· · · · · ·	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Robin Sherman at (850) 516-8185			de & Daytime Telephone Number		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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)		
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

Robin Sherman, PA				
(Name of Corporation as current	ntly filed with the Florida Dept. of State)			
P06000001633				
(Document Number	r of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)			
A. If amending name, enter the new name of the corporation:				
Robin Sherman Real Estate Inc.	The now			
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."			
B. Enter new principal office address, if applicable:	331 N. Reus Street			
(Principal office address MUST BE A STREET ADDRESS)	Pensacola, FL 32501			
•				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5104 Soundside Drive			
	Gulf Breeze, FL 32563			
				
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address				
311 N. Reus Street				
(Florida	street address)			
New Registered Office Address: Pensacola	, Florida 32501			
New Registered Office Address.	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia				
N/A	Deliano I de maria			
Signature of New	v Registered Agent, if changing			

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>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add	N/A	.	
Remove	•		
2) Change			. <u> </u>
Add			
Remove	N/A		
3) Change			
Add	NI /A		
Remove	N/A		
4) Change			
Add	_		
Remove	N/A		
Keniove			
5) Change			
Add			
Remove	N/A		
6) Change			
Add			
Remove	N/A		

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)	(Attach additional	dding additional A l sheets, if necessary,). (Be specific)	ge(s) nere;			
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)	N/A						
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	provisions for i	mplementing the an	endment if not co	ntained in the a	mendment itself:	,	
V/A		cable, indicate N/A)					
	Y/A						
						,	

The date of each amendment(s date this document was signed.	adoption:	, if other than the
	6/27/1/-	
Effective date <u>if applicable</u> :	6/27/16 (no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following st for each voting group entitled to vote separately on the amendment(s)	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	,,,	
,	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharehold	ег
June 27. Dated	2016	
Signature		
(By selection)	a director, president or other officer – if directors or officers have not cted, by an incorporator – if in the hands of a receiver, trustee, or other ointed fiduciary by that fiduciary)	
	Robin Sherman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	