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| (Requestor's Name) |
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| (City/State/Zip/Pfforfe #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE TALLAHASSEE.FLORIDA

FILED

15/09

COVER LETTER

TO: Amendment Section **Division of Corporations DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) 32073 (City/State and Zip Code) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 35 Filing Fee \$43.75 Filing Fee & ■ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Street Address Mailing Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

| Articles of Amendment | Eu - |
|---|-------------------------|
| Articles of Incorporation | LED |
| of of of | AN . |
| HOTION FIRST Kealty of CRAWSE PARTECRE | FILED AN 14 AM 8: 29 |
| (Name of Corporation as currently filed with the Florida Dept. of State | DSSEE, ELSTATE |
| P0600000 3851 | LURIDA |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit C</i> following amendment(s) to its Articles of Incorporation: | Corporation adopts the |
| A. If amending name, enter the new name of the corporation: | |
| ACTION FIRST REALTY TIX | |
| The new name must be distinguishable and contain the word "corporation," | "company," or |
| "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "C | |
| "Co". A professional corporation name must contain the word "chartered, association," or the abbreviation "P.A." | " "professional |
| B. Enter new principal office address, if applicable: | DUT COURT |
| (Principal office address MUST BE A STREET ADDRESS) | x FIA13202 |
| | 31, 1 <u>24 1</u> (COC) |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| (Muning united MATT DE ATT OUT OF THOSE BOTT) | |
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| | |
| | |
| D. If amending the registered agent and/or registered office address in Florida, ente | r the name of the |
| new registered agent and/or the new registered office address: | () |
| Name of New Registered Agent: Yould USTON | (Kari |
| BARBARA ASTON LYNN | |
| 839 CHESTNUT COURT | r . |
| New Registered Office Address: (Florida street address) | |
| ORAUSE PARK | , Florida <u>320</u> 73 |
| (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent. I am familiar with and accept | the obligations of the |
| position. | (D) |
| LANY NUA (SITTING) | Xian) |
| Signature of New Registered Agent, if chan | ging |

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)

| Title ES/OCUT | Bailara Carle | Address 009 CHETUUTCT OCHUGE FAIR Fla. 33073 | Type of Action Add Remove |
|------------------|---|--|----------------------------|
| <u>Kesioeur</u> | Darlong (Idon Lynn Lynn |) 239 CHRSTUUT COVET OFANGE FOUL \$3073 | Add Remove |
| | | | Add Remove |
| | itional sheets, if necessary). (Be specif | | |
| provision | endment provides for an exchange, rec s for implementing the amendment if a applicable, indicate N/A) | | |
| | | | |
| | | | |

| . The date of each amendment(| s) adoption: |
|--|--|
| Effective date if applicable: | , , |
| Effective date <u>if applicable</u> . | (no more than 90 days after amendment file date) |
| • · · · · · · · · · · · | |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval. |
| • , | e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes of | ast for the amendment(s) was/were sufficient for approval |
| by | • |
| | (voting group) |
| The amendment(s) was/were action was not required. | e adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | e adopted by the incorporators without shareholder action and shareholder |
| selec | a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary) BARBARA ASTON LYNN (Typed or printed name of person signing) |

(Title of person signing)