## PUUUU0033235

| (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: |                |           |  |  |
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## COVER LETTER

| TO: Amendment Section Division of Corporations   |  |  |  |  |  |
|--|--|--|--|--|--|
| NAME OF CORPORATION: Palm Key Development, Fac.  DOCUMENT NUMBER: P0600033238  |  |  |  |  |  |
| DOCUMENT NUMBER:   |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.   |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |  |  |
| Patricia Flaine Faust  Name of Contact Person  Palm Key Development Fac.  Firm Company   |  |  |  |  |  |
| Name of Contact Person   |  |  |  |  |  |
| Palm Key Development, Fac.   |  |  |  |  |  |
|  |  |  |  |  |  |
| 7725 NE 23 Ave   |  |  |  |  |  |
|  |  |  |  |  |  |
| Fort Lauderdale, FL 33305  |  |  |  |  |  |
| only, built and the odds   |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |  |
| Patricia Elaine Faust at (954), 568-2049  Name of Contact Person Area Code & Daytime Telephone Number  |  |  |  |  |  |
| Name of Contact Person Area Code & Daytime Telephone Number  |  |  |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  |  |  |  |  |  |
| \$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed) |  |  |  |  |  |
| Mailing Address Street Address   |  |  |  |  |  |
| Amendment Section Amendment Section Division of Corporations Division of Corporations  |  |  |  |  |  |
| P.O. Box 6327 Clifton Building   |  |  |  |  |  |
| Taliahassee, FL 32314 2661 Executive Center Circle Taliahassee, FL 32301   |  |  |  |  |  |

## Articles of Amendment to Articles of Incorporation

| Articles of Incorporation   |             |
|---|-------------|
| Palm Key Done love to Tax   |             |
| (Name of Corporation as currently filed with the Florida Dept. of State)  | <del></del> |
| P06000033238  |             |
| (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(sits Articles of Incorporation:   | ) to        |
| A. If amending name, enter the new name of the corporation:  The new  |             |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |             |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   |             |
| C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | 地里26        |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address;   | 32 Nr. 32   |
| Name of New Registered Agent NA   | £3.00       |
| (Florida street address)  |             |
| New Registered Office Address: , Florida (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.  |             |
| NA  |             |
| Signature of New Registered Agent, if changing  |             |

| address of each Officer (Attach additional sheet Please note the officer/a P = President; V = Vice Executive Officer; CFO held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remove | r and/or Director is, if necessary), libector title by the e President: T= T ) = Chief Financi ver, Director would d in the following eaves the corpora | being added: e first letter of the office title: reasurer; S= Secretary: D= Director; TR= al Officer. If an officer/director holds more d be PTD. manner. Currently John Doe is listed as the tion, Sally Smith is named the V and S. Thes | Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office e PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change, |
|---|---|--|---|
| Example:<br>X Change  | PT John   | <u>Doe</u>   |   |
| X Remove  | <u>V</u> <u>Mike</u>  | <u>Jones</u>   |   |
| X Add   | <u>SV</u> <u>Saliy</u>  | Smith.   |   |
| Type of Action<br>(Check One)   | Title   | Name   | Address   |
| 1) Change   | D   | COOPER FAUST   | 888 N. Quincy St., Apt. 1202<br>Arrington, VA 22203   |
| _X_ Add<br>Remove   |   |  |   |
| 2) Change Add   |   | RACHEL BURTON  | Arington, VA 22203  |
| Remove 3) Change Add  | <del></del>   |  |   |
| Remove  |   |  |   |
| 4) Change Add Remove  |   |  |   |
| 5) Change Add   |   |  |   |
| Remove 6) Change Add  |   |  |   |
| Remove  |   |  |   |

| amending or adding additional Articles, en<br>ttach additional sheets, if necessary). (Be sy | NA  |
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| an amendment provides for an exchange, r<br>provisions for implementing the amendment        | reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A)  | til not contained in the amendment itself:          |
| (y noi applicable, maicule WA)   |   |
|  | NA  |
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| The date of each amendment(s) adoption: date this document was signed.                         | NA  | , if other than the                         |
|--|---|---|
| Effective date if applicable:  | •   |   |
| directive date it appressie.   | (no more than 90 days after amendment file  | e date)                                     |
| Note: If the date inserted in this block does a document's effective date on the Department of |   | ements, this date will not be listed as the |
| Adoption of Amendment(s) (CF   | HECK ONE)   |   |
| ☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for         |   | ne amendment(s)                             |
| ☐ The amendment(s) was/were approved by th must be separately provided for each voting         | ne shareholders through voting groups. The fog group entitled to vote separately on the ame |   |
| "The number of votes cast for the ame  | endment(s) was/were sufficient for approval   |   |
| by   | oting group)  |   |
| The amendment(s) was/were adopted by the action was not required.                              | board of directors without shareholder action   | and shareholder                             |
| ☐ The amendment(s) was/were adopted by the action was not required.                            | incorporators without shareholder action and  | shareholder                                 |
| Dated May 21   | 1, 2016<br>ria Leaine Faux P  | <b></b>                                     |
| Signature Fari   | sident or other officer – if directors or officers  |   |
| selected, by an inc  | corporator - if in the hands of a receiver, truste  |   |
| •  | y by that fiduciary)  |   |
| Tat  | Ticia Elaine Fai<br>(Typed or printed name of person signing)                               | ust   |
|  |   |   |
| <u>Pre</u>   | sident  |   |
|  | (Title of person signing)   |   |