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(Re	questor's Name)	******
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Stina J. Antonopoul	os, PA	
DOCUMENT NUMB			
	of Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	Stina Antonopoulos		
-		Name of Contact Person	
	Augustina Realty, Inc.		
-		Firm/ Company	A
4	175 Town Place, Suite 205H		
-		Address	
:	Saint Augustine, FL 32092		
_		City/ State and Zip Code	
stinalo	g@gmail.com		
<u></u>	E-mail address: (to be use	ed for future annual report	notification)
For further information Stina Antonopoulos	concerning this matter, please		509 5501
	^~	at () 398-3391
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	rtment 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

to **Articles of Incorporation** of

Articles of Amendment

Stina J.	Antonopoulos,	PA
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(Name of Corporation as currently filed with the Florida Dept. of State)

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(Document Number of Corporation (if known)

it amenang name, enter the new ill	me of the corporation:		
Augustina Realty, Inc.		The	new
name must be distinguishable and con- "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbrevi "Co". A professional corporation name must contain "P.A."	ation n the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		475 West Town Place, Suite 205H	
		Saint Augustine, FL 32092	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		475 West Town Place, Suite 205H	
		Saint Augustine, FL 32092	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			_
Name of New Registered Agent	475 West Town Place, S	Suite 205H	
	·	street address)	
New Registered Office Address:	Saint Augustine	32092 Florida	
the state of the s		(City) (Zip Code)	

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		···		
Add				
Remove				
3)Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Demous				

	<mark>or adding additional Articl</mark> onal sheets, if necessary).	(Be specific)			
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lf an amend	nent provides for an excha	nge, reclassificatio	n, or cancellation o	f issued shares,	
provisione i	or implementing the ameno pplicable, indicate N/A)	iment if not contai	ned in the amendm	ent itseir:	
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_ate of each amendment(s) adoption:		, if other than the
e this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S	of meet the applicable statutory filing requirements, the State's records.	nis date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
■ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The number of votes east for the amenda oproval.	nent(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting g	shareholders through voting groups. The following stagroup entitled to vote separately on the amendment(s).	atement :
"The number of votes cast for the amend	dment(s) was/were sufficient for approval	
by	33	
(votin	ng group)	
☐ The amendment(s) was/were adopted by the baction was not required.	oard of directors without shareholder action and share	holder
☐ The amendment(s) was/were adopted by the ir action was not required.	ncorporators without shareholder action and sharehold	er .
Dated_ 8 24 20	16	
Signature	ia ho	
	dent or other officer – if directors or officers have not be porator – if in the hands of a receiver, trustee, or other by that fiduciary)	
Stina Antono	ppoulos	
Т)	Typed or printed name of person signing)	
President		
	(Title of person signing)	