## P06000049371

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	ON: ADVANCED RE	ALTY SOLUTIONS, INC.	
DOCUMENT NUMBER:	P06000049371		
The enclosed Articles of An	nendment and fee are su	bmitted for filing.	
Please return all correspond	ence concerning this ma	tter to the following:	
JESS	ICA RUSSO		
<del></del>	•	Name of Contact Person	1
		Firm/ Company	
5645	STRAND BLVD.		
NAP	LES, FL 34110	Address	
		City/ State and Zip Cod	e
JESSICAR	USSO@COMCAST.N		
	_	sed for future annual report	notification)
For further information cond	erning this matter, pleas	se call:at (	849-0012
Name of Cor	ntact Person		de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	3\$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)
P.O. Box	nt Section f Corporations	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



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to

( <u>Name of</u>	Corporation as curren	<u>tly filed with the Florida l</u>	<u>Dept. of State</u> )
P06000049371			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporatio	n adopts the following amendment(s
A. If amending name, enter the new name	me of the corporation:		
N/A			The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associate	ation "Corp," "Inc," or	"Co". A professional cor	orporated" or the abbreviation
B. Enter new principal office address, it	f applicable:		
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS )	N/A	
C. Enter new mailing address, if applic			
(Mailing address <u>MAY BE A POST O</u>	PFFICE BOX)		
		N/A	
D. If amending the registered agent and	l/or registered office add	dress in Florida, enter the	name of the
new registered agent and/or the new			<del></del>
Name of New Registered Agent	N/A		
	(Florida s	treet address)	<del></del>
New Registered Office Address:	N/A		Florida
New Registerea Office Agaress.		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if ch			Alama af dha mantatan
I hereby accept the appointment as registe	rea ageni i am jamiitar	wiin ana accepi ine obiiga	tions of the position.
	Signature of New	Registered Agent, if changi	ng

## 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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ROBERT PAUL HARDY	3845 BECK BLVD.
Add		<del>-</del>	SUITE 807
Remove			NAPLES, FL 34114
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			
Damoua			

Α	additional sheets	;, if necessary).	(Be specifi	ic)				
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<u>provisi</u>	mendment provi	enting the amo	hange, reclase	ssification, or ot contained i	cancellation n_the amend	of issued sha ment itself:	ires,	
	not applicable, i	indicate N/A)						
4								
			<del></del>	<del></del>		<del> </del>		
		<del></del>	<del></del>					

	5/13/2015	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
<b>~</b>	/13/2015	FaltL
Effective date if applicable:		PALE SECRETARY OF STATE STATEMENT CONFORMATIONS
	(no more than 90 days after amendment file date)	Mathing a home composite
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	sst for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
5/13/201	·5	
Dated	<u> 1.1                                  </u>	
Signature (Ry	director, president or other officer – if directors or officers have not bee	
	sted, by an incorporator — if in the hands of a receiver, trustee, or other co	
	inted fiduciary by that fiduciary)	
	JESSICA RUSSO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	