P06000054523

| (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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Office Use Only



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05/25/18--01016--018 **43.75

BIVISION OF CURROCENTURE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: SWIFT CREEK RI | EALTY & INVESTMENT | CORPORATION |
|-------------------------|---|--|--|
| | BER: P06000054523 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | spondence concerning this mat | eter to the following: | |
| | AMBER J. ROBERTS-CRA | WFORD | |
| | | Name of Contact Person | 1 |
| SWIFT CREEK REALTY & | | INVESTMENT CORPORATION | |
| | | Firm/ Company | |
| | P.O. BOX 238 | | |
| | *** | Address | · · · · · · · · · · · · · · · · · · · |
| | LAKE BUTLER, FLORIDA | 32054 | |
| | | City/ State and Zip Cod | 2 |
| | ADMIN@SWIFTCREEKF | DEALTY NET | |
| | • | ed for future annual report | notification) |
| For further informatio | on concerning this matter, pleas | e call: at (| 496-0499 |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | or the following amount made p | 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 | | | Address |
| | endment Section ision of Corporations | Amendment Section Division of Corporations | |
| P.O. Box 6327 | | Clifton Building | |
| Tallahassee, FL 32314 | | 2661 Executive Center Circle | |
| | | Tallahassee, FL 32301 | |



Articles of Amendment to Articles of Incorporation

of

SWIFT CREEK REALTY & INVESTMENT CORPORATION

| tly filed with the Florida Dept, of State) |
|---|
| |
| |
| of Corporation (if known) |
| s Florida Profit Corporation adopts the following amendment(s) |
| |
| The new |
| on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A." |
| N/A |
| |
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| |
| N/A |
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| |
| dress in Florida, enter the name of the |
| <u>ss:</u> |
| |
| |
| treet address) |
| , Florida |
| (City) (Zip Code) |
| |
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| |

Signature of New 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 Doc | | |
|----------------------------|--------------|-------------------------|-----------------------|--|
| 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 | V | CLARENCE AUSTEN ROBERTS | P.O. BOX 238 | |
| X Add | | | LAKE BUTLER, FL 32054 | |
| Remove | | | | |
| 2) Change | ST | Linda C. Boles | P.O. Box 238 | |
| X Add | | | Lake Butler, FL 32054 | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 0 0 | | | | |
| 6) Change | | <u> </u> | | |
| Add | | | | |
| Remove | | | | |

| (Attach additional sheets, if necessary). | ticles, enter change(s) here; (Be specific) | |
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| . If an amendment provides for an exc | hange, reclassification, or cancellation of issued shar | es, |
| provisions for implementing the amo | endment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | | |
| S/A | | |
| | | |
| ,, | | |
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| The date of each amendment(s) | MAY 22, 2018 adoption: , if other than the |
|---|--|
| date this document was signed. | nuopuon n outer man une |
| Effective date <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this document's effective date on the E | block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records. |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/were ac by the shareholders was/were s | sufficient for approval. |
| | oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): |
| | st for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| The amendment(s) was/were ac action was not required. | dopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were ac action was not required. | dopted by the incorporators without shareholder action and shareholder |
| DatedSignature | 5/29/18 AM Malares |
| (By a | director, president or other afficer - if directors or officers have not been |
| | ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary) |
| | AMBER J. ROBERTS-CRAWFORD |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |