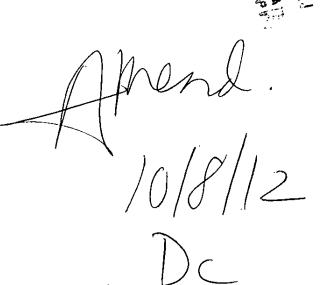
## P06000067134

Office Use Only



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09/17/12--01032--019 \*\*35.00





September 20, 2012

PATSY J. RANKIN MARIGOLD REAL ESTATE, INC. 1150 LEE BLVD., SUITE 1B LEHIGH ACRES, FL 33936

SUBJECT: MARIGOLD REAL ESTATE, INC.

Ref. Number: P06000067134

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

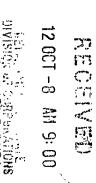
NORMAN J. SESSION MUST SIGN THE LAST PAGE OF THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 512A00023572



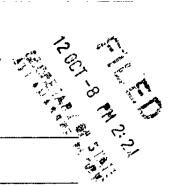
## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPO                           | <u></u>                                     | O REAL ESTATE  | E, INC  |
|---|---|--|---|
| DOCUMENT NUMI                           | BER: PO600006713                            | 34   |   |
| The enclosed Articles                   | of Amendment and fee are su                 | bmitted for filing.  |   |
| Please return all corre                 | spondence concerning this ma                | tter to the following:   |   |
|   | PATSY J. RANKI                              | N  |   |
|   | MARIGOLD REA                                | Name of Contact Person   |   |
|   |   | Firm/ Company  | · · · · · · · · · · · · · · · · · · ·   |
|   | 1150 LEE BLVD.                              | SUITE 1B   |   |
|   |   | Address  | ,   |
|   | LEHIGH ACRES                                | , FL. 33936  |   |
|   |   | City/ State and Zip Code   | B   |
| TE                                      | MPLE4@AOL.CC                                | M  |   |
| *************************************** |   | sed for future annual report                                       | notification)   |
|   |   |  |   |
| For further informatio                  | n concerning this matter, pleas             | se call:   |   |
| PATSY RAN                               | KIN   | at (239  | , 368-3200  |
| Name                                    | of Contact Person                           | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check for                 | or the following amount made                | 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) |
|   | iling Address<br>endment Section            |  | Address<br>Iment Section  |
| Div                                     | ision of Corporations                       | Divisio  | on of Corporations  |
|   | . Box 6327<br>ahassee, FL 32314             |  | Building<br>executive Center Circle   |

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of



(Name of Corporation as currently filed with the Florida Dept. of State)

## MARIGOLD REAL ESTATE, INC.

ent(s) to

| (Document Number   | of Corporation (if known)   | 7                   |
|--|---|---------------------|
| Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:             | rida Statutes, this Florida Profit Corporation adopts the   | following amendme   |
| A. If amending name, enter the new name of the   | corporation:  |                     |
|  |   | The nev             |
|  | vord "corporation," "company," or "incorporated" or<br>orp," "Inc," or "Co". A professional corporation nam<br>he abbreviation "P.A." | or the abbreviation |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A | ble:<br>DDRESS)   |                     |
|  |   |                     |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I           | <u>BOX</u> )  |                     |
|  |   |                     |
| D. If amending the registered agent and/or registered agent and/or the new register            | stered office address in Florida, enter the name of the ed office address:  |                     |
| Name of New Registered Agent   |   |                     |
| <del></del>  | (Florida street address)  |                     |
| New Registered Office Address:   | , Florida   |                     |
|  | (City) (Zip C   | Code)               |
| New Registered Agent's Signature, if changing I  | Registered Agent:  1. I am familiar with and accept the obligations of the p  | onition             |
| i nereoy accept the appointment as registered agen   | i. I am jamiliar wiin ana accept the obligations of the p   | osuton.             |
| 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 Doe              |                        |
|-------------------------------|--------------|-----------------------|------------------------|
| X Remove                      | <u>V</u>     | Mike Jones            |                        |
| X Add                         | <u>sv</u>    | Sally Smith           |                        |
| Type of Action<br>(Check One) | <u>Title</u> | Name                  | <u>Addres</u> s        |
| 1) Change                     | Р            | NORMAN J. SESSION JR. | 1150 LEE BLVD.         |
| Add                           |              |                       | LEHIGH ACRES,FL.       |
| X Remove                      |              |                       | 33936                  |
| 2) Change                     | ٧            | PATSY J. RANKIN       | 1150 LEE BLVD SUITE 1B |
| X Add                         |              |                       | LEHIGH ACRES,FL.       |
| Remove                        |              |                       | 33936                  |
| 3) Change                     |              |                       |                        |
| Add                           |              |                       |                        |
| Remove                        |              |                       |                        |
| . 4) Change                   |              |                       |                        |
| Add                           |              |                       |                        |
| Remove                        |              |                       |                        |
| 5) Change                     |              |                       |                        |
| Add                           |              |                       |                        |
| Remove                        |              |                       |                        |
|                               |              |                       |                        |
| 6) Change                     |              |                       |                        |
| Add                           |              |                       |                        |
| Remove                        |              |                       |                        |

|                               | ing or adding additional Ai<br>ditional sheets, if necessary)                      | . (Be specific)                           |   |   |              |
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| f an ame<br>provisio<br>(if n | endment provides for an exons for implementing the an ot applicable, indicate N/A) | change, reclassific<br>nendment if not co | ation, or cancellat<br>ntained in the amo | ion of issued shares<br>endment itself:       | ia.          |
|                               |  |   |   |   |              |
|                               |  |   |   |   |              |
|                               |  |   | · · · · · · · · · · · · · · · · · ·       | ***************************************       |              |
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|                               |  |   |   |   |              |
|                               |  |   |   |   |              |
|                               |  |   |   |   |              |

| The date of each amendment(s) a                               | doption: 09/10/2012  |
|---|--|
| Effective date <u>if applicable</u> : 09                      | /10/2012   |
| <u></u>   | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                                      | (CHECK ONE)  |
| The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.   |
|   | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):     |
| "The number of votes cast                                     | for the amendment(s) was/were sufficient for approval  |
| by  |  |
|   | (voting group)   |
| action was not required.                                      | opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder |
| $\eta$ Dated 09/10/   | 2012   |
| Signature (By a conselected                                   | 1 0  |
|   | NORMAN J. SESSION  |
|   | (Typed or printed name of person signing)  |
|   | P  |
|   | (Title of person signing)  |