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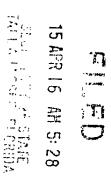
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<u>COVER LETTER</u>
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: BAYSIDE COMMERCIAL REALTY TWO
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL D. OGILUIE  Name of Contact Person  BAYSIDE COMMERCIAL REALTY INC  Firm/Company  16 EAGLE LAWE  Address  PALM HARBOR, FL 34683  City/State and Zip Code  MICHAEL D. OGILUIE & GMAIL. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person  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  \$35 Filing Fee Certificate of Status  \$35 Filing Fee Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

AM 5: 28

•	Articles of Amendment	:	<u> </u>
	to		
_	Articles of Incorporation		
Baus	side Commerci.	o/ Piea/Tyz	Ac. E III
(Name of Corporation as curren	ntly filed with the Florida Dept. of St	ate)	
	PU10000181715		
(Document Numb	ber of Corporation (if known)		<del>क्र</del> ा <b>७</b>
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Cor	poration adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	"Corp," "Inc," or "Co". A profession		
B. Enter new principal office address, if appli	icable:		
(Principal office address MUST BE A STREET			<del></del>
	<del></del>		<del></del>
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u></u>		
			_
			<del>_</del>
D. If amending the registered agent and/or re	egistered office address in Florida, en	ter the name of the	
new registered agent and/or the new regis		tor the maint of the	
Name of New Posistana d Asset			
Name of New Registered Agent			
	(Florida street address)		
	,		
New Registered Office Address:	(City)	, Florida (Zip Code)	<del></del>
	10.9)	(2.4 2340)	
New Registered Agent's Signature, if changin	g Registered Agent:	11) . 63	
I hereby accept the appointment as registered ag	zent. I am familiar with and accept the	e obligations of the position	7.
	CAL D. L.	<del></del>	
Signature	e 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>\$V</u>	Sally Smith	
Type of Action (Check One)  1) Change  Add	Title S	Name COLIN OGILVIE	Address  16 EAGLE LANE  PARM HARBOR 7
Remove			34683
2) Change Add			<del></del>
Remove 3) Change Add			
Remove 4) Change			
Remove  5) Change			
Add Remove			
6) Change Add Remove			

			if necessary)			) here:			
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			•						
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								**	
					<del></del>				<del>.</del>
lf an	amendme	nt provi	des for an ex	change, re	<u>classificati</u>	on, or canc	ellation of is	sued share	<u>.s.</u>
pro	visions for	impleme	enting the an indicate N/A)	<u>nendment</u>	if not conta	ined in the	amendmen	t itself:	
	(ij noi app	nicavie, i	naicale WA)						
						<del></del>			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/14/2015	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<del></del>
γ γραστο printed name of person signing)	
President	
(Title of person signing)	