POT000022163

| (Re | questor's Name) | | |
|---------------------------|---|--------------|--|
| | | | |
| (Ad | dress) | | |
| • | · | | |
| | al- = = - \ | | |
| (Adı | dress) | | |
| | | | |
| (City | y/State/Zip/Phon | e #) | |
| | | | |
| PICK-UP | MAIT | MAIL | |
| | | | |
| (D.,, | ninnaa Entity Na | > | |
| (Bus | siness Entity Na | me) | |
| | | | |
| (Doc | cument Number | 1 | |
| | | | |
| Certified Copies | Certified Copies Certificates of Status | | |
| | | | |
| | | <u> </u> | |
| Special Instructions to F | Filing Officer: | | |
| | | ı | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



800141381868

01/21/09--01018--011 **35.00

FILED
2009 JAN 21 PH 4: 20
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

POR 1 1/28/09

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: REALTY | MAVEN Jac |
|--|--|
| | 002/63 |
| The enclosed Articles of Amendment and fee are su | bmitted for filing. |
| Please return all correspondence concerning this ma | itter to the following: |
| (Name of Co | ntact Person) |
| Reacry Have (Firm/C | ompany) |
| 3375 N. COUN | ress) CW& D. WIT 403 |
| AURWTUVS, J (City/State a | 7 33/80 nd Zip Code) |
| For further information concerning this matter, plea | se call: |
| (Name of Contact Person) Enclosed is a check for the following amount made | 954-457 4682 EX 30) |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment

FILED

2009 JAN 21 PM 4: 20

| | Articles of Incorporation | 1 4:21 |
|----------------------|-----------------------------------|---|
| | n of | SECRETARY OF ST |
| Mesery & | LAVEN TWE | SECRETARY OF STATE TALLAHASSEE.FLORIDA |
| (Name of Corporation | on as currently filed with the Fk | orida Dept. of State) |
| 10700 | 000 2216 | |
| (Doc | cument Number of Corporation (if | known) |

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

| A. If amending name, enter the new name of | of th <u>e corporatio</u> | <u>n:</u> /) - | _ |
|---|-------------------------------------|--|---------------------------------------|
| HOME SWEET | LOME | Kopernes | onc. |
| The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation nan association," or the abbreviation "P.A." | " "Inc.," or Co. | ," or the designation " the word "chartered | Corp," "Inc," or l," "professional |
| B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u> | | 3375 N. WIT 403 | Covery Clus D Fr. 33180 |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF | | Awnus, | 77, 23180 |
| D. If amending the registered agent and/or new registered agent and/or the new reg | | | ter the name of the |
| Name of New Registered Agent: | | | _ |
| New Registered Office Address: | (Flor | ida street address) | _ |
| | | (City) | _, Florida (Zip Code) |
| New Registered Agent's Signature, if change I hereby accept the appointment as registered position. | ging Registered A ed agent, I am | gent: familiar with and acce | pt the obligations of the |
| | Signature of New | Registered Agent, if che | unging |

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)

Address Type of Action **Title Name** □ Remove _____ 🗖 Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

| The date of each amendment(s) adoption: |
|--|
| 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) |
| (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 |
| Signature |
| (By a director, president or other officer – if directors or officers have not been |
| selected, by an incorporated—if in the hands of a receiver, trustee, or other court |
| appointed the duciary by that fiduciary) |
| |
| (ATMONE (ADVICIA |
| (Typed of printed name of person signing) |
| Hesiden |
| (Title of person signing) |