0700005293

(Requestor's Name)				
(Address)				
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Amend namin 4-20-1

COVER LETTER

TO: Amendment Section Division of Corporations			
!			
NAME OF CORPORATION: _	Hut	CHINSON ISLAN	D REALTY INC.
DOCUMENT NUMBER:	Po	1000052931	
The enclosed Articles of Amendm	ent and fee a	are submitted for filing.	
Please return all correspondence c	oncerning th	is matter to the following:	
	BLA	INE ELLING SON)
Hutch	WAN I	Firm/ Company	-NC
	16	43 NE 24th St Address	
		Address	
	J 54	U-JEN BRACIT FZ City/ State and Zip Code	34957
	C	ity/ State and Zip Code	
E-mail add	lress: (to be use	d for future annual report notificat	ion)
For further information concerning	g this matter,	please call:	
		at ()	
Name of Contact Person		Area Code & Daytir	ne Telephone Number
Enclosed is a check for the following	ng amount m	nade payable to the Florida D	epartment of State:
\$35 Filing Fee \$43.75 Filin Certificate		☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Sed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporation	IS
P.O. Box 6327		Clifton Building	Circle
Tallahassee, FL 32314		2661 Executive Center	Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2011

BLAINE ELLINGSON HUTCHINSON ISLAND REALTY INC. 1643 NE 24TH STREET JENSEN BEACH, FL 34957

SUBJECT: HUTCHINSON ISLAND REALTY INC.

Ref. Number: P07000052931

We have received your document for HUTCHINSON ISLAND REALTY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 411A00008377

Articles of Amendment to

	Articles of Amenome	ш	
	to		E.
	Articles of Incorporati	on	201.
	of		APD
HUTCHINSON]	TOLAN REAL	Tu Tall	ZOIJAPR 19 PA TALLAHASSEE. FLOR
(Name of Corporation as curre	ently filed with the Flori	de Dent, of State)	- CLAHIARY
(Name of Corporation as curre	may med with the Profit	the trope of Seese	"SSEFOFS.
	7000052931	·	— · · · · · · · · · · · · · · · · · · ·
(Document Num	nber of Corporation (if kn	own)	-71
rsuant to the provisions of section 607.100e endment(s) to its Articles of Incorporation:	6, Florida Statutes, this I	Florida Profit Corpo	
If amending name, enter the new name of	f the corporation:		
	_	ጉ ለ	
ME Must be distinguishable and contain i	ELLINGSON:	Y, A.	The new
breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "pro	designation "Corp," "Ir	nc," or "Co". A pro	ofessional corporation
Enter new principal office address, if app	licable:		
incipal office addr e ss <u>MUST BE A STREE</u>	<u>TADDRESS</u>)		
			
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u>CE BOX</u>)		
			·
			
If amending the registered agent and/or r	egistered office address	in Florida, enter the	e name of the
new registered agent and/or the new regis	stered office address:		
Maria of Man Busintanad America			
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
		•	
-			rida
	(City)	(Zip Code	<i>?)</i>
Registered Agent's Signature, if changin	n Domintornal A		
reby accept the appointment as registered as	g registered Agent:	and account the oblice	tions of the position
,	şoru 1 um jumusuur Willi (um uccepi me oonga	ш онь ој те роѕшон.
Si	ignature of New Registere	ed Agent, if changing	·····

Page 1 of 3

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Type of Action Address **Title** <u>Name</u> 1643 NE 24th ST CDDONCELLA ELLINGBON E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) today 4/4/11 this Change when A Real Estate Real Estate Brokerige business. classified AS A P.A. atthis time 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: Any Questions flease CAII me at 772) 229-2929 (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) ad	option: 3 15 2011 (date of adoption is required)	
	(date of adoption is required)	
Effective date <u>if applicable</u> :	01/01/2011	
(no i	(date of adoption is required) O\ O\ ZO\\ nore 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	pted by the shareholders. The number of votes cast for the amendment(s ficient for approval.	;)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	n
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	ng group)	
(voti	g group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholde	r
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	28/// 	
Signature		
(By a dire	ctor, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
	_	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Paciforni	
	(Title of person signing)	