

PO 70000 84156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

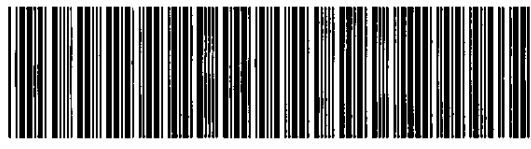
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/10--01043--009 **35.00

APPROVED
AND
FILED
10 SEP 20 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amey 9/20/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KEY REALTY SOLUTIONS, INC

DOCUMENT NUMBER: P07000084156

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHANI BUTTS
Name of Contact Person

KEY REALTY SOLUTIONS, INC
Firm/ Company

5314 61ST TERRACE N
Address

ST. PETERSBURG, FL. 33709
City/ State and Zip Code

SHANIA1966@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANI BUTTS at (727) 521-3626
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
- \$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
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
to
Articles of Incorporation
of

KEY REALTY SOLUTIONS, INC

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

P07000084156

(Document Number of Corporation (if known))

RECEIVED
CLERK OF
SUPERIOR COURT
10 SEP 20 PM 4: 10
TALLAHASSEE, FL 32309

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 the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5314 61ST TERRACE N
ST. PETERSBURG
FL 33709

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: SHANI BUTTS

New Registered Office Address: 5314 61ST TERRACE N
(Florida street address)

ST. PETERSBURG, Florida FL 33709
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>WILLIAM D BAKER</u>	<u>4439 OVERLOOK DR NE</u> <u>ST. PETERSBURG, FL 33703</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>KELLY M BAKER</u>	<u>4439 OVERLOOK DR NE</u> <u>ST. PETERSBURG, FL 33703</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>ST</u>	<u>MICHELE BAKER</u>	<u>147 SE MADISON CIR N</u> <u>ST. PETERSBURG, FL 33703</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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: 9/15/2010
(date of adoption is required)

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 all Shareholders.”
(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 9/15/2010

Signature Kelly Baker
(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)

Kelly Baker
(Typed or printed name of person signing)

Vice President
(Title of person signing)