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SECRETARY OF TALLAHASSEE. FORDA

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COVER LETTER

TO: Amendment Section 'Division of Corporations

name of corporation: <u>Mid-Florida</u>	Property Professionals, Inc.
DOCUMENT NUMBER: PO800010	139
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
TAMMY Buchhasa	/ / ontact Person
Mid-Florida prop	exty professionals
112 polo park Enst	Adress .
Daven port FI City/ State	338 9 7 and Zip Code
Tammy @ 8 mfpteam. E-mail address: (to be used for future	
For further information concerning this matter, please	call:
Tammy Buchhoult at Name of Contact Person	(<u>352</u>) <u>366-0234</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee & Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section An Division of Corporations Division Section Division Of Corporations Division Of Corporation Of Corpor	reet Address mendment Section vision of Corporations ifton Building 61 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of		
esty Profession	Mals, Inc	FILE
itiy met with the Florit		2010 AUG 16 F
7		SECRETAIN
er of Corporation (if known	own)	SECRETARY OF TALLAHASSEE. F
Florida Statutes, this F	lorida Profit Corpord	ution adopts the fol
he corporation:		
nt Team.	Inc.	The nev
e word "corporation," lesignation "Corp," "In	"company," or "inc c," or "Co". A profe	ssional corporation
cable:		
E BOX)		<u></u> .
	in Florida, enter the i	iame of the
crea office address.		
		
(Florida street	address)	
	Flori	do
(City)		ua
(011))	(24)	
Registered Agent:		
ent. I am familiar with	and accept the obligat	ions of the position
mature of New Registere	d Agent if changing	
	er of Corporation (if known for the corporation: The corporation: The word "corporation," or designation "Corp," "Intersional association," or cable: ADDRESS) EBOX) gistered office address: (Florida street of the corporation," or cable: ADDRESS (Florida street of the corporation," or cable: (City) Registered Agent: ent. I am familiar with the capture of the corporation (City) Registered Agent: ent. I am familiar with the capture of the corporation (City)	cable: (Florida street address) (Florida street address)

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>	Type of Action
			—
			□ n
(attach aa	ling or adding additional Articles, end Iditional sheets, if necessary). (Be specified),	ecific)	
provisio	nendment provides for an exchange, poss for implementing the amendment of applicable, indicate N/A)		

The date of each amendment(s) adoption: $8-10-10$				
Effective date if applicab	le: 8-31-2010			
	(no more than 90 days after amendment file date)			
Adoption of Amendment	(s) (<u>CHECK ONE</u>)			
	/were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.			
The amendment(s) was must be separately pro	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):			
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval			
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(voting group)			
action was not required	were adopted by the incorporators without shareholder action and shareholder			
Dated	8-13-2010 A Bulloush			
	(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)			
	(Title of person signing)			
	(Title of person signing)			