P0800008U544

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
| (City/State/Zip/Phone #) |
| (City/State/Zip/Prione #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| (Cooking Names) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

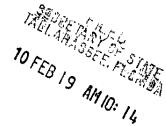
Tallahassee, FL 32314

| NAME OF COR | PORATION: | List My Casa | | | |
|---|--|--|--|--|--|
| DOCUMENT NU | CUMENT NUMBER: P08000086544 | | | | |
| The enclosed Artic | cles of Amendment and fee a | re submitted for filing. | | | |
| Please return all co | orrespondence concerning the | is matter to the following: | | | |
| | | Neal Bartoletti | | | |
| | N | lame of Contact Person | | | |
| | w-0 | NC Holdings | | | |
| | | Firm/ Company | | | |
| | 618 Mirabay Boulevard Address | | | | |
| | | Address | t | | |
| | | ity/ State and Zip Code | | | |
| | nbartolet | tti45@hotmail.com | | | |
| | E-mail address: (to be use | d for future annual report notification) | | | |
| For further inform | ation concerning this matter, | please call: | | | |
| | Neal Bartoletti | at (<u>813</u>) 3 | 362-4089 | | |
| Name | of Contact Person | Area Code & Daytime Te | elephone Number | | |
| Enclosed is a chec | k for the following amount n | nade payable to the Florida Depar | rtment 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 A Amendmen Division of P.O. Box 6 | nt Section f Corporations | Street Address Amendment Section Division of Corporations Clifton Building | | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



| | | | AL |
|--|--|-------------------------------------|-----------------|
| Lis | t My Casa, Inc. | | AM 10: 1 |
| (Name of Corporation as co | urrently filed with the Flori | ida Dept. of State) | / |
| Р | 08000086544 | | |
| (Document) | Number of Corporation (if kn | nown) | |
| Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation | | Florida Profit Corporation adopts | s the following |
| A. If amending name, enter the new nam | e of the corporation: | | |
| 1 | NC Holdings, Inc | • | The new |
| name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," " | the designation "Corp," "In professional association," of | nc," or "Co". A professional cor | poration |
| B. Enter new principal office address, if a (Principal office address MUST BE A STR | | 0 | |
| Trincipal office address <u>MOST DE ASTR</u> | <u>LEI ADDRESS</u>) | | |
| | | | |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF 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 r | egistered office address: | | |
| Name of New Registered Agent: | Neal Bartoletti | <u>.</u> | |
| | | | • |
| New Registered Office Address: | (Florida street | address) | • |
| | | , Florida | |
| | (City) | , Florida (Zip Code) | |
| | | , , | |
| New Registered Agent's Signature, if cha I hereby accept the appointment as registere | nging Registered Agent: | and pagent the obligations of the | aitinu |
| hereby accept the appointment as registere | a ageni. Tam jamiliar wiin | and accept the obligations of the p | osnion. |
| | //well | | |

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> | Type of Action |
|--------------|-------------------------------------|--|-----------------------|
| Pst | Neal Bartoletti | 618 Mirabay Boulevard Apollo Beach, FL 33572 | _ ☑ Add _ □ Remove |
| <u>Pst</u> | Carolyn Peeler | 618 Mirabay Boulevard Apollo Beach, FL 33572 | □ Add ☑ Remove |
| | | | |
| (attach ad | dditional sheets, if necessary). (I | Be specific) | |
| | | | |
| provisio | | nge, reclassification, or cancellation of i ment if not contained in the amendmen | |
| | | ······································ | |
| | | | |
| | | | |
| | | | |

| The date of each amendment | t(s) adoption: January 1, 2010 |
|---|--|
| Effective date if continuous | January 1, 2010 (date of adoption is required) |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement and 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) |
| action was not required. | re adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder |
| Dated Signature (By sele | 2-16-10 a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| | Title of person signing) |