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SEMISION OF CORPORAL DE

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: ALL FL	ORIDA MANAGEMENT G	ROUP, INC.
DOCUMENT NUM	ИВЕR:	P09000010026	
The enclosed Article	es of Amendment and fee a	ere submitted for filing.	
Please return all corr	respondence concerning th	is matter to the following:	
_		Thomas Hall	
	7	Jame of Contact Person	
_		Firm/ Company	
_	50	09 S Bayshore Dr.	
		Address	
. –		eira Beach, FL 33708	
·	thall@aliflor	ridamanagement.com	<u>-</u>
For further informati	ion concerning this matter,	please call:	
	homas Hall		67-7271
	f Contact Person	Area Code & Daytime Tele	
Enclosed is a check	for the following amount n	nade payable to the Florida Depart	ment 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		Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	2

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

ALL FLORIDA MANAGEMENT GROUP, INC.

(Name of Corporation as cur	rently filed with t	the Florida Dept.	of State)
P0:	9000010026		·
(Document Nu	ımber of Corporati	ion (if known)	
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:		es, this <i>Florida F</i>	Profit Corporation adopts the follo
A. If amending name, enter the new name	of the corporation	<u>n:</u>	
			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	e designation "Co	orp," "Inc," or "(Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		509 S Baysho	ore Dr.
		-	
		Madeira Beac	ch, FL 33708
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
. D. If amending the registered agent and/or new registered agent and/or the new reg			la, enter the name of the
Name of New Registered Agent:	Thomas Hall		
	509 S Baysho	ore Dr.	
New Registered Office Address:		da street address)	
	Madeira Beac	ch .	, Florida 33708
	(City)	-	(Zip Code)
New Registered Agent's Signature, if chang hereby accept the appointment as registered			pt 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>	Address	Type of Action
<u>Dir</u>	Erin Hartley	3610 Bayshore Blvd NE St. Petersburg, FL 33703	
<u>Dir</u>	Thomas Hall	509 S Bayshore Dr. Madeira Beach, FL 33708	
(attach aa	lditional sheets, if necessary). (Be sp	pecific)	
provisio	nendment provides for an exchange, ns for implementing the amendment of applicable, indicate N/A)		

The date of each amendmen	
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	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	,,,,
-, <u></u>	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Thomas Hall
	(Typed or printed name of person signing)
	Director
	(Title of person signing)