# 9000019944

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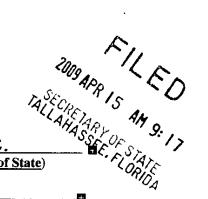
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Cas</u>	stle Real Estate Advisors, Inc	÷
DOCUMENT NUMBER: P090	00019944	E
The enclosed Articles of Amendment and	d fee are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
	S M QUINONES GONZALEZ	
	(Name of Contact Person)	
	CorpoReal Borkerage Corporation	
	(Firm/ Company)	
	179 SE 22 TERRACE	
	(Address)	
***	ESTEAD, FLORIDA 33033-7232	
	(City/ State and Zip Code)	
For further information concerning this r	natter, please call:	
IRIS M QUINONES GONZALEZ	at ( 305 ) 230-1437	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following am	ount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of State		tus
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
Tallallassee, FL 32314	Tallahassee, FL 32301	

#### Articles of Amendment to Articles of Incorporation of



### CASTLE REAL ESTATE ADVISORS, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P09000019944
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

. If amending name, enter the new nam	e of the corporation	<u>1:</u>	
CorpoReal Brokerage Corpo	ration		
ne new name must be distinguishable ncorporated" or the abbreviation "Corp. Co". A professional corporation nesociation," or the abbreviation "P.A."	o.," "Inc.," or Co.,	" or the designation	"Corp," "Inc," or
Enter new principal office address, if a cincipal office address MUST BE A STR		SAME	
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		SAME	
If amending the registered agent and/	or registered office	address in Florida, e	nter the name of the
new registered agent and/or the new r	egistered office add	lress:	
Name of New Registered Agent:	N/A		<del></del>
	N/A		
New Registered Office Address:	(Flori	da street address)	<del></del>
		_	, Florida
		(City)	(Zip Code)
un Dogistanad Agantia Signatura if alsa	nging Dogistanal A		
ew Registered Agent's Signature, if cha pereby accept the appointment as registed			ent the obligations
sition.			
	M /	'A	

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
			Add Remove
<del></del>			Add Remove
			<b>-</b> -
	nding or adding additional Articles, e additional sheets, if necessary). (Be s		
provis	nmendment provides for an exchange sions for implementing the amendment in	, reclassification, or cancell nt if not contained in the an	ation of issued shares, nendment itself:
N/A			

The date of each amendment	(s) adoption: April 8, 2009
Effective date if applicable:	
<u></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/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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	N/A ."
-7 <del></del>	N/A ." (voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Signature(By sele	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 ointed fiduciary by that fiduciary)
	Iris M Quinones Gonzalez
	(Typed or printed name of person signing)
	President
	(Title of person signing)