P090000 3633Z

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: First in Real Estate Services, Incomment number: P0900036332
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
L. Michelle Pentifallo
First in Real Estate Services Inc.
L. Michelle Pentifallo First in Real Estate Services Inc. Firm/Company 6013 Wesley Grove Blvd. Stel. 102 Address Wesley Chapel, Ft. 33544 City/State and Zip Code
Wesley Chapel, Ft 33544
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
L. Michelle Pentifallo at 813, 943-3300
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
Mailing Address Amendment Section Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

	of
First in Real Estate ?	Services Inc. 20195- 26
(Name of Corporation	as currently filed with the Florida Dept. of State)
P 090000.	36332
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amount
A. If amending name, enter the new name of the corp	ooration:
	The
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo	"corporation," "company," or "incorporated" or the abbreve "Inc," or "Co". A professional corporation name must contabbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
nen registered agent and or the new registered on	n//A
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent: am familiar with and accept the obligations of the position.
Signati	ure of New Registered Agent, if changing

If amending the Officers address of each Officers (Attach additional sheets,	and/or D	irector be		and name of e	ach officer/dii	rector being remove	ed and title
Attach daditional sheets, Please note the officer/dir P = President; V = Vice t Executive Officer; CFO = held, President, Treasure, Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove Example;	rector title President = Chief F r, Directo in the fol ves the co	e by the fir ; T= Trea Tnancial (or would b Howing ma orporation	surer; S= Secre. Officer. If an of e PTD. unner. Currently s, Sally Smith is i	tary; D= Direc ficer/director h : John Doe is h	iolds more tha isted as the PS	n one title, list the f T and Mike Jones is	îrst letter oj listea as the
X Change	<u>PT</u>	John Doe	<u> </u>				
X Remove	\underline{V}	Mike Jor	<u>ies</u>				
X Add	<u>sv</u>	<u>Sally Sm</u>	<u>ith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	~ ^		<u>Addres</u> s	
I) Change	<u>VP</u>	_	Joseph	<u>tentifá</u>	<u>.llo</u>	29305	India
X Add						inde City	4 FL
Remove							<u> </u>
2) Change		_		<u>-</u>			
Add						301 <u></u>	<u> </u>
Remove						<u>-</u>	<u> </u>
3) Change		_					
Add							- -
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4) Change							
Add							
Remove							
5) Change	-	_			 .		
Add							
Remove							
6) Change		_					
Add							<u> </u>
Remove							

		P09000031	\$3
E. If amending or adding additional Article (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)		
N/A			
			
			
<u> </u>			
			1
	-		1
			<u> </u>
 If an amendment provides for an exch provisions for implementing the ame 	nange, reclassification, or cance adment if not contained in the	ellation of issued shares, amendment itself:	
(if not applicable, indicate N/A)			
			-
			_
-			-

The date of each amendment(s) ac	loption:	if
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	il not b
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	eroved by the shareholders through voting groups. The following statement 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)	
	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
▼ Dated	9/17/19	
∡ Signature	L'Michelle Kertfallo	
	irector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
прротп	L. Michelle Pentifallo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	