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SECRETARY OF STATE FALLAHASSEE, FLORID.

Amend 6/26/89

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: REO ALECTANCE COST DOCUMENT NUMBER: <u>P 09 600047965</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: REO ALLEGIANCE COPP Firm/ Company 1301 W. BOYNTON BEACH BLUD BOYNTON BEACH, FL 33426
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BRIAN RUSES at (S61) 702 8870

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 ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Articles of Incorporation of **REC ACCECTANCE COPP (Name of Corporation as currently filed with the Florida Dept. of State) **POPODE 4796 S** (Document Number of Corporation (if known) **parsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following nendment(s) to its Articles of Incorporation: **If amending name, enter the new name of the corporation:** The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the observation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation mee must contain the word "chartered," "professional association," or the abbreviation "P.A." **Enter new principal office address, if applicable:** **Irricipal office address MUST BE A STREET ADDRESS* **Enter new mailing address, if applicable:** **(Malling address MAY BE A POST OFFICE BOX)* **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or registered office address: **Name of New Registered Agent:** **New Registered Agent:** **New Registered Office Address:** (Florida street address) **Florida* (City) (Zip Code) **ew Registered Agent's Signature, if changing Registered Agent:** **ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.**		Articles of Incorp	oration	100g , 1 L
If amending name, enter the new name of the corporation: The new time must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation time must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Inincipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (City) (Zip Code)		of		L.SE SUNZS
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ew Registered Agent's Signature, if changing Registered Agent:				
		(City)	(Zi _I	o Code)
nereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
	hereby accept the appointment as re	gistered agent. I am familiar	with and accept the	obligations of the position.

Page 1 of 3

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: (Attack additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres	PAIGE RUSSO	Boynton Beach FL 3343	Add Remove
V. Pars	ALISA FISCHER	LAKE WORTH FL 33	☐ Add
<u>PLESIDE</u> NT	BRIAN RUSSO	4634 PALO Verde Dr Boynton Beach, FL 33436	Add Remove
	ng or adding additional Articles, of ditional sheets, if necessary). (Be		
	·		
provision		e, reclassification, or cancellation of issent if not contained in the amendment i	

The date of each amendment(s) adoption:
	(date of adoption is required) (date of adoption is required) (27/09 (no more than 90 days after amendment file date)
Effective date <u>if applicable</u> :	6/22/09
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder
Dated	6/22/09
(By selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)