P09000089970

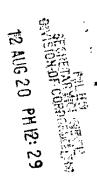
(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT ·	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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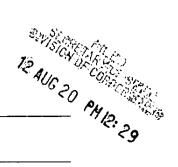
Amend 10, 8,20,12

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Sunshine Realty of SW FL, Inc. DOCUMENT NUMBER: P09000089970 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maggie Morris Name of Contact Person Sunshine Realty of SW FL, Inc. Firm/ Company 234 Del Prado Blvd N. unit 4 Address Cape Coral, Florida 33909 City/ State and Zip Code KenBracher@SunshineRealtyofSWFL.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maggie Morris Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



Sunshine Realty of SW FL, Inc.

(Name of Corr	poration as current	y filed with the	Florida Dep	t. of State)

P09000089970			٠,٠
(Documen	t Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	Iorida Profit Corporation add	opts the following amendment
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "C	Co". A professional corporat	cated" or the abbreviation ion name must contain the
, .		N/A	
B. Enter new principal office address, (Principal office address MUST BE A ST			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A	
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the nam	e of the
new registered agent and/or the nev		ess in the tour enter the time	<u> </u>
Name of New Registered Agent	N/A		
Name of New Negliter ett n.gem			
	(Florida stre	et address)	
N. P 107	N/A	Plante	
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if c			Pate in addition
I hereby accept the appointment as regist	tered agent. I am familiar w	un and accept the obligations	oj ine position.
	CM D	10.1	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>P</u>	•	Susan C. Bracher	1094 La Paloma Blvd
Add			•	N. Fort Myers
X Remove				Florida, 33903
2) Change	Р		Kenneth P. Bracher	1094 La Paloma Blvd
X			,	N. Fort Myers
Remove				Florida, 33903
3) Change				
Add				
Remove				
4) Change				
Add			•	
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add		_		
Remove				

(Attach add	<mark>ng or adding addition:</mark> ditional sheets, if neces:	sury). (Be specific	ingers nere.		
N/A					
	··	***			
					
	 				
				•	
				 	
			··· - -		
		· · · · · · · · · · · · · · · · · · ·			
F. If an amer	ndment provides for a ns for implementing th	n exchange, reclass	sification, or cane	ellation of issued sha	ares,
(if no	ot applicable, indicate N	VA)	t contained in the	amendment usen.	
N/A					
				·	
<u></u> .					······
	······································				
· · · · · · · · · · · · · · · · · · ·					

The date of each amendment(s) ad	August 15, 2012
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/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.
	proved 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)
action was not required. The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated Augus Signature	t 15, 2012
(By a d selected	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)
	Kenneth P. Bracher
	(Typed or printed name of person signing)
	President
	(Title of person signing)