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Mone - Address
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2011

LIFESTYLES REFERRAL, INC. 2447 SOUTH 3RD STREET JACKSONVILLE BEACH, FL 32250

SUBJECT: LIFESTYLES REFERRAL, INC.

Ref. Number: P09000093734

We have received your document for LIFESTYLES REFERRAL, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 811A00007284

RECEIVED

APR -4 AH 10: 02

Articles of Amendment ·to Articles of Incorporation of

FILED

Lifestyles Referral, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) TARY OF STATE

	per of Corporation (if kno	wn)	LONIBA
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corpoi	ration adopts the following
A. If amending name, enter the new name of	the corporation:		
Lifestyles Real	l Estate Services, Inc	•	The new
name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	designation "Corp," "Inc	c," or "Co". A proj	fessional corporation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or re new registered agent and/or the new regist		n Florida, enter the	name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	address)	
_			rida
	(Ciry)	(Zip Code	e)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		and accept the obliga	ations of the position.

Signature of New Registered Agent, if changing

If a ending 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) Address Type of Action <u>Title</u> <u>Name</u> □ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: 3/2///		
Effective date if applicable:	(date of adoption is required)	
Enecure date <u>if appricable.</u>	(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	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statemen d 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	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	3/21/11	
selec	a director, president or other officer—If directors or officers have not been cted, by an incorporator—if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Broxer Pres West (Title of person signing)	