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| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

Andro Aspira

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO   | ORATION:                                   | PALM REALTY GROUP, IN   | IC.   |
|---|--|---|---|
| DOCUMENT NUM  | ИВЕR:                                      | P1000002060   |   |
| The enclosed Article  | es of Amendment and fee a                  | are submitted for filing.   |   |
| Please return all corr  | respondence concerning th                  | is matter to the following:   |   |
| _   | DEB  | ORAH ROZNIEWSKI   |   |
|   |  | Name of Contact Person  | <del></del>   |
| _   |  | Firm/ Company   |   |
|   |  |   |   |
|   | 9225 C                                     | ollins Avenue, Suite 705  |   |
|   |  | Address   | 7810  |
|   |  | Surfside, FL 33154  | MAY 27 AM 8: WAXSSEESE BEI  |
| _   | C  | City/ State and Zip Code  | Tass and the same of the same |
|   | deborah                                    | rozier@yahoo.com ed for future annual report notification)  |   |
|   | E-mail address: (to be use                 | ed for future annual report notification)   |   |
| For further informati   | ion concerning this matter,                | please call:  | •   |
| Debo  | orah Rozniewski                            |   | -9770   |
| Name o  | f Contact Person                           | Area Code & Daytime Teleph  | none Number   |
| Enclosed is a check   | for the following amount n                 | nade payable to the Florida Departme  | ent of State:   |
|   | \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)   |
| Mailing Add<br>Amendment<br>Division of C<br>P.O. Box 632<br>Tallahassee, | Section<br>Corporations<br>27              | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |   |

Tallahassee, FL 32301



May 12, 2010

DEOBORAH ROZNIEWSKI 9225 COLLINS AVENUE SUITE 705 SURFSIDE, FL 33154

SUBJECT: PALM REALTY GROUP, INC.

Ref. Number: P1000002060

We have received your document for PALM REALTY GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

The document must have original signatures.

You failed to sign the form.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 010A00011971

### **Articles of Amendment** Articles of Incorporation

#### PALM REALTY GROUP, INC.

#### (Name of Corporation as currently filed with the Florida Dept. of State)

#### P10000002060

| (Document Num   | ber of Corporation (if kno | wn)  |
|---|----------------------------|--|
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:   | , Florida Statutes, this F | lorida Profit Corporation adopts the follo |
| A. If amending name, enter the new name of  | the corporation:           |  |
| •   |                            | The new                                    |
| name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof | designation "Corp," "Inc   | c," or "Co". A professional corporation    |
| B. Enter new principal office address, if appl  |                            | <u> </u>                                   |
| (Principal office address <u>MUST BE A STREE</u> )  | TADDRESS )                 |  |
|   |                            |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC   | <u></u>                    |  |
| D. If amending the registered agent and/or renew registered agent and/or the new regis  |                            | n Florida, enter the name of the           |
| Name of New Registered Agent:   |                            |  |
| New Registered Office Address:  | (Florida street a          | address)                                   |
| -   | (City)                     | , Florida<br>(Zip Code)                    |
|   | • •                        | (Zip Code)                                 |
| New Registered Agent's Signature, if changin<br>I hereby accept the appointment as registered ag  |                            | nd accept the obligations of the position. |
|   | anature of New Registered  | d 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>   | Address  | Type of Action |
|---|---|--|----------------|
| P, Sec                                  | Deborah Rozniewski  | 9225 Collins Ave., Suite 705<br>Surfside, FL 33154 | _              |
|   |   |  | _              |
|   |   |  |                |
|   | ling or adding additional Articles, en<br>Iditional sheets, if necessary). (Be sp                 |  |                |
|   | F-187-1188-1-18-8-18-8-18-8-18-18-18-18-18-18   |  |                |
| *************************************** |   |  |                |
| provisio                                | nendment provides for an exchange, ons for implementing the amendmen of applicable, indicate N/A) |  |                |
|   |   |  |                |
|   |   |  |                |
|   | ,   |  |                |

| The date of each amendment(s) adoption                                       | . (Nay 1, 2010   |
|--|--|
| • •  | (date of adoption is required)   |
| Effective date <u>if applicable</u> : (no more th                            | an 90 days after amendment file date)  |
| ·  |  |
| Adoption of Amendment(s)   | (CHECK ONE)  |
| The amendment(s) was/were adopted by by the shareholders was/were sufficient | the shareholders. The number of votes cast for the amendment(s) for approval.  |
| · ·  | by the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the a  | mendment(s) was/were sufficient for approval   |
| by   | 23   |
| (voting grou   | p)   |
| The amendment(s) was/were adopted by action was not required.                | the board of directors without shareholder action and shareholder  |
| ✓ The amendment(s) was/were adopted by action was not required.              | the incorporators without shareholder action and shareholder   |
| Dated May 6, 2010  Signature 7  (By a director, pure 1)                      | resident or other officer- if directors or officers have not been  |
| selected, by an ir   | ncorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)                                  |
|  | Deborah Rozniewski   |
|  | (Typed or printed name of person signing)  |
| ·  | President, Secretary   |
| (Tit   | le of person signing)  |