## P10000015875

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: DENISE ALICE E	BRIDGE REA	L ESTATE	INC
DOCUMENT NUM	P10000075875			
The enclosed Articles	of Amendment and fee are su	bmitted for fil	ing.	
Please return all corre	espondence concerning this ma	tter to the follo	owing:	
	MICHAEL GEMMELL			
		Name of C	ontact Person	n
	2010 SOLUTIONS INC			
		Firm/	Company	
	2077 SEAWIND COURT			
		Ad	dress	
	INDIALANTIC FL 32903			
	<del></del>	City/ State	and Zip Cod	e
mike	ge2010@msn.com			
	E-mail address: (to be us	sed for future a	innual report	notification)
For further information	on concerning this matter, pleas	se call:		
MICHAEL GEMME	LL	at	321	773-9516
Name	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the	Florida Depa	artment of State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fi Certified (Additional enclosed)	Copy Il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address endment Section			Address
			Iment Section	
	rision of Corporations . Box 6327	Division of Corporations Clifton Building		
Tal	2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DENISE ALICE	BRIDGE F	REAL ESTATE	INC
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(Nama)	f Canada and an an annual of C	Ladinata Planta Day 1844	<del></del>	
P10000075875	or Corporation as currently in	led with the Florida Dept. of State	,	
1 1000073073	(Document Number of Co	proporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:		•	ollowing	g amendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
DENISE ALICE MAXWELL REAL ES	<u> </u>			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa  B. Enter new principal office address,	ation "Corp," "Inc," or "Co tion," or the abbreviation "P.A	". A professional corporation name		
(Principal office address MUST BE A S		·····		<del></del>
C. Enter new mailing address, if applia (Mailing address MAY BE A POST)  D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	d/or registered office address v registered office address: DENISE ALICE MAXWELL 466 ST LUCIA COURT		MLLAHASSEELELONDA	7018 AUG 22 AM 10: 81
	(Florida street	address)		
New Registered Office Address:	SATELLITE BEACH (Cit	, Florida_	2937 (Zip C	Gode)
New Registered Agent's Signature, if classification in the second state of the second	ered agent. I am familiar with	and accept the obligations of the posterior state of the posterior s	esition.	

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 office 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: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P,S,T	_	DENISE ALICE BRIDGE	466 ST LUCIA COURT
Add				SATELLITE BEACH FL 32937
X Remove				
2) Change	P.S.T	_	DENISE ALICE MAXWELL	466 ST LUCIA COURT
X Add				SATELLITE BEACH FL 32937
Remove				
3) Change		_		
Add				
Remove				
4) Change	<del></del>	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

1/A		(Be specific)				
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If an	amendment provides for an excha	nge, reclassifica	tion, or cancella	tion of issued sl	nares,	
If an	visions for implementing the amend	nge, reclassifica dment if not con	tion, or cancella tained in the am	tion of issued sl endment itself:	nares,	
pro	amendment provides for an exchavisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassifica dment if not con	tion, or cancella tained in the am	tion of issued sl endment itself:	nares,	
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•	AUGUST 17, 2018	
The date of each amendment(s) ac		, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this c partment of State's records.	late will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment flicient for approval.	(s)
	roved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	vent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were addaction was not required.	pted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
AUGUST Dated	17, 2018	
Signatur	1/2 1/0	
(By a d selecte	rector, president or other officer – if directors or officers have not been 1, by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	MICHAEL GEMMELL	
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	