P10000099559

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





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Amend (10 8.15,13

COVER LETTER

Division of Corporations NAME OF CORPORATION: P100000 99 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Daniel Mar?!

Name of Contact Person ZEST Realty
Firm/Company Address

Kiverview, FL 33569

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813), 263-744Area 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 Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



July 31, 2013

DANIEL NAPPI ZEST REALTY INC. 11604 CREST BROCK PL RIVERVIEW, FL 33569

SUBJECT: ZEST REALTY INC. Ref. Number: P10000099559

We have received your document for ZEST REALTY 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 313A00018450

| Con Fu |
|---|
| Articles of Amendment William Description |
| 13 Aug. 12 Aug. |
| Articles of Incorporation of 15 |
| Articles of Amendment to Articles of Incorporation Of Leaf Local Ly NC (15 18) 8: |
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| W 00000 99559 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| The new |
| name 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 name must contain the |
| word "chartered," "professional association," or the abbreviation "P.A." |
| B. Enter new principal office address, if applicable: |
| (Principal office address MUST BE A STREET ADDRESS) |
| Riverview, R 33569 |
| <u> </u> |
| C. Enter new mailing address, if applicable: |
| (Mailing address MAY BE A POST OFFICE BOX) |
| 1604 CPST Brock PC |
| 1604 Crest Brock PL RICTURE, FC 33569 |
| |
| D. 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 |
| 11601 CVRST Brak PC |
| (Florida street address) |
| New Registered Office Address: Miveluicu , Florida 33569 |
| (Cuy) (Zip Code) |
| |
| New Registered Agent's Signature, if changing Registered Agent: |
| I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position |
| |
| 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 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: X Change | <u>PT</u> | John Do | <u>e</u> | |
|-------------------------------|------------|-------------|-------------|--|
| X Remove | <u>v</u> | Mike Jor | nes | |
| _X Add | <u>\$V</u> | Sally Sm | <u>nith</u> | |
| Type of Action (Check One) | Title | | Name | Address |
| 1) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | <u> </u> |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | ************************************** |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| St. Ohanna | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| | . (Be specific) | | |
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| provisions for implementing the am | change, reclassification, or c tendment if not contained in | ancellation of issued sha the amendment itself: | res, |
| f an amendment provides for an exe provisions for implementing the am (if not applicable, indicate N/A) | change, reclassification, or c tendment if not contained in | ancellation of issued sha the amendment itself: | res. |
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| provisions for implementing the am (if not applicable, indicate N/A) | change, reclassification, or c | the amendment itself: | res. |

| The date of each amendment(s) adoption: | , if other than the |
|--|--------------------------------------|
| Effective date if applicable: (no more than 90 days aft | ier amendment file date) |
| , | |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval. | of votes cast for the amendment(s) |
| The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separately | |
| "The number of votes cast for the amendment(s) was/were sufficient | ent for approval |
| by | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without s action was not required. | shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the incorporators without share action was not required. | holder action and shareholder |
| Dated 8-13-243 | |
| Dated 8-13-243 Signature Daniel Name | |
| (By a director, president or other officer – if di- selected, by an incorporator – if in the hands o | rectors or officers have not been |
| appointed fiduciary by that fiduciary) | Ta receiver, trustee, or other court |
| DANIEL | NGPPI |
| (Typed or printed na | me of person signing) |
| Presi | clent |
| (Title of pers | son signing) |