

| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | :#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
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SECRETARY OF STATES
SECRETARY OF STATES
ALL ALIASSES FLORINA

SEP. 13 2013 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

| Division of Corp. | Hations | | | |
|--------------------------|---|--|--|--|
| NAME OF CORPOR | ATION: Optima O | ne Realty, Inc | <u> </u> | |
| DOCUMENT NUME | BER: P11000035 | 053 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corres | spondence concerning this ma | tter to the following: | | |
| | Martin Sparks | | | |
| | | Name of Contact Person | n | |
| | Optima One R | ealty, inc | | |
| | | Firm/ Company | | |
| | PO BOX 1205 | 08 | | |
| | | Address | | |
| | Clermont, FL 3 | 4712 | | |
| | | City/ State and Zip Code | e | |
| . • | | · " | | |
| ain | neeoptimaone@ | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| For further information | n concerning this matter, pleas | se call: | | |
| | | | 0.40, 0.70.4 | |
| Martin Sparks | | _{at (} 352 | _,243-6784 | |
| Name of Contact Person | | Area Code & Daytime Telephone Number | | |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artment of State: | |
| □ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address | | Street Address | | |
| Amendment Section | | Amendment Section | | |
| Division of Corporations | | Division of Corporations | | |
| | Box 6327 | | Building | |
| Talla | ahassee, FL 32314 | 2661 E | Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

19 SEP -3 AH 8: 48 SECRETARY OF STATES (LALLAHASSEE, FLORIDA).

Optima One Realty, Inc

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

nent(s) to

| (Document Number of Corporation | n (if known) |
|--|---|
| Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation: | nis Florida Profit Corporation adopts the following amends |
| A. If amending name, enter the new name of the corporation: | The no |
| name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviatio | tion," "company," or "incorporated" or the abbreviati r "Co". A professional corporation name must contain t |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | N/A |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| | |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr | |
| Name of New Registered Agent Anthony Stanle | |
| 716 W Mon | <u>-</u> |
| | street address) |
| <u>New Registered Office Address:</u> Clermont | , Florida 34711 |
| | |
| New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia | ent: ar with and accept the obligations of the position. |
| Signature til New Register | ed 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.

| X Change | PT John | Doe | | | |
|-------------------------------|------------------------|-------------------|------------------|--|--|
| X Remove | <u>V</u> <u>Mike</u> | Mike Jones | | | |
| X Add | <u>SV</u> <u>Sally</u> | Smith | | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | | |
| 1) X Change | PD | Martin Sparks | 1671 Campos Dr | | |
| Add | | | The Villages, FL | | |
| Remove | | | 32162 | | |
| 2) Change | <u>D</u> | Anthony C Stanley | PO BOX 120508 | | |
| X Add | | | Clermont, FL | | |
| Remove | | · | 34712 | | |
| 3) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | · | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |

| | ding or adding additional and additional and additional sheets, if necessar | | | | | |
|-------------|---|---------------|-------------------|-------------------|----------------------------|--------------|
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| provisi | nendment provides for an eions for implementing the an einot applicable, indicate N/A | mendment if i | ssification, or o | cancellation of i | ssued shares, t itself: | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|---------------------|
| date this document was signed. Effective date if applicable: August 31st, 2013 | |
| (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE) | |
| ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval. | (s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s): | 1ent |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required. | der |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 8/30/13 | |
| Signature Wat Ale | |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other conappointed fiduciary by that fiduciary) | |
| Martin Sparks | |
| (Typed or printed name of person signing) | |
| President/Director | |
| (Title of person signing) | |