P11000035053

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: OPTIMA ONE RE	ALTY, INC	
	BER: P11000035053	12-2-2	<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	AIMEE STANLEY		
		Name of Contact Person	1
	OPTIMA ONE REALTY, IN	IC	
		Firm/ Company	·
	720 W MONTROSE ST	• •	
		Address	
	CLERMONT, FL 34711		
		City/ State and Zip Cod	e
For further information	E-mail address: (to be us on concerning this matter, pleas	sed for future annual report	notification)
AIMEE STANLEY		at (243-6784
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□\$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)
An Div P.C	illing Address nendment Section rision of Corporations D. Box 6327	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee
Та	lahassee, FL 32314	2415 i	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

OPTIMA ONE REALTY, INC	

OPTIMA ONE REALTY, INC			
(Name of Corporation as curre	ently filed with the Flo	orida Dept. of State)	
P11000035053			
(Document Number	er of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit Corp</i>	poration adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>		
			The new
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.	. A professional corp	rporated" or the abbreviati poration name must conta	ion "Corp.,"
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			<i>←</i> ``
		• • •	
			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	,		
			
D. If amending the registered agent and/or registered office a		er the name of the	
new registered agent and/or the new registered office addi	ress:		
Name of New Registered Agent			_
(Floride	a street address)		_
New Registered Office Address:		, Florida	
	(Ciţy)	(Zip	Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili		obligations of the position	
Therety accept the appointment as registered agent. Tum jamia	an and accept the	oongations of the position.	
Signature of Ne	w Registered Agent, if c	hanging	
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.		

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 Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ANTHONY STANLEY	
X Add			PO BOX 120508
Remove			CLERMONT, FL 34712
2) Change			<u> </u>
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change	<u> </u>		
Add			<u> </u>
Remove			

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an amendment provides for an rovisions for implementing the	<u>i exchange, reclassif</u>	fication, or cancella	ation of issued shares,	
(if not applicable, indicate N/	(A)	contained in the ar	nendment usen.	

8/15/2020	
The date of each amendment(s) adoption:	_, if other than th
date this document was signed.	
8/15/2020	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will t document's effective date on the Department of State's records.	tot be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	hareholder
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
8/15/2020	
Dated / .	
/ // - ,	
S	
Signature(By a director, president of other officer – if directors or officers have not been	-
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed/name of person signing)	
PRESIDENT	
(Title of person signing)	