P11000059795

(Re	questor's Name)	
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Amend Thewis 12-14-11

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: ACME Rev Estate Holding Inc. DOCUMENT NUMBER: P11000659795
DOCUMENT NUMBER: P1100003 9 195
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person ACME NEAL ESTATE HOWING INC.
ACME REAL ESTATE HOLDING INC.
Time Company
416 SEBATIAN SQ. Address
ST NEUSTINE FL 37095
City/ State and Zip Code
00 (0004) (00)
E-mail address: (to be used for future annual report notification)
·
For further information concerning this matter, please call:
MARKS. MONGON at 904, 859 6220
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE División of Corporations

November 15, 2011

MARK S. MONGON ACME REAL ESTATE HOLDING INC. 416 SEBASTIAN SQUARE SAINT AUGUSTINE, FL 32095

SUBJECT: ACME REAL ESTATE HOLDING INC.

Ref. Number: P11000059795

We have received your document for ACME REAL ESTATE HOLDING INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$5.00 is due.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 811A00025841

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Articles of Amendment

•	Articles of Incorp	oration
	of	-
REAL	ESTATE	HOWDING

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A.	<u>If amendin</u>	g name,	enter the	new r	name of	the	corporat	tion;

The new name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the des name must contain the word "chartered," "professi	ignation "Corp," "Inc,	" or "Co". A professio	
B. Enter new principal office address, if applical	ble:		
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)		
			
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u> </u>		
	~~~		
D. If amending the registered agent and/or registered new registered agent and/or the new registered.		Florida, enter the nam	e of the
Name of New Registered Agent:			
	(Florida street addr	ess)	
New Registered Office Address:		, Florida	
•	(City)		(Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered agent	. I am familiar with and	d accept the obligations	of the position.
Signature of I	New Registered Agent, ij	f changing	

If AMENDING	the Officers and/or	Directors, please	list all officers/d	irectors of the	corporation as you	now want
	Please indicate the					

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Name	Address
1)	MARK MONGON	416 SEGBTIAN SQ. ST NEUSTINE FL 32095
2) 1	FLORENCE R. FRUEHAN	15 FLASSHIP DN. PALM COAST PL 32137
3) Mbh.	SEETA FRUEHAN	PARM COAST PL 32137
4) MON	GENEVIEW MONGON	416 SEBASTIAN SQ. ST NOUSTINE PL 37095
5)_Mb/L	VICTOR COMPSTIRO	200 OCEAN CREST DR. APT 71 PARM COAST PL 32137
6)		
If REMOVING an office	er and/or director, please list the title(s)	and name of the officer/director to be removed:
Title(s) Name	<u>Title</u>	(s) Name
1) VP M	IKE HEINES 4)	
2)	5)	

3)____

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be speçific)
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A CONTRACTOR OF THE CONTRACTOR	

F.	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
The	e date of each amendment(s) adoption:
Eff	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)
	' (no more than 90 days after amendment file date)
Ad	option of Amendment(s) (CHECK ONE)
	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 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 shareholder action was not required.
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Dated
	Signature
	(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 court appointed fiduciary by that fiduciary)
	MARKS. MONTON
	(Typed or printed name of person signing)
	President
	(Title of person signing)