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Amend Newis 8-16-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ENTEGRITY REALTY REFERRAL NETWORK, INC.
DOCUMENT NUMBER: PILO	00059951
The enclosed Articles of Amendmen	at and fee are submitted for filing.
Please return all correspondence con	ncerning this matter to the following:
Ry	Name of Contact Person
Integrit	-y Realty Referral Network, Inc.
10163	5 U.S Highway Middress
Port St. L	ucie, FL 34952 City/ State and Zip Code
Pyar E-mai/addres	Secretor . net secretor future annual report notification)
For further information concerning the	his matter, please call:
	at (772) 52 237 173 Area Code & Daytime Telephone Number
Enclosed is a check for the following	g amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of	
Mailing Address 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

Articles of Amendment to Articles of Incorporation of

FILED

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	ently filed with the Florid	SECRETARY OF STATE STUORE, TABLIAHASSEE FLERIDA ta Dept. of State)
P11 0000	59951	
	mber of Corporation (if known	own)
ursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	06, Florida Statutes, this F	Clorida Profit Corporation adopts the following
. If amending name, enter the new name o	of the corporation;	
		The new
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "Corp," "In	c," or "Co". A professional corporation
. Enter new principal office address, if app	nlicable:	
Principal office address <u>MUST BE A STREE</u>		
		
. Enter new mailing address, if applicable	B•	
(Mailing address <u>MAY BE A POST OFFI</u>	<u></u>	
(Mailing address <u>MAY BE A POST OFFI</u>	<u></u>	
. If amending the registered agent and/or new registered agent and/or the new registered agent.	registered office address	in Florida, enter the name of the
. If amending the registered agent and/or new registered agent and/or the new regi	registered office address	in Florida, enter the name of the
. If amending the registered agent and/or	registered office address	in Florida, enter the name of the
. If amending the registered agent and/or new registered agent and/or the new regi	registered office address	
. If amending the registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent:	registered office address istered office address:	address)
. If amending the registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent:	registered office address istered office address: (Florida street	address), Florida
. If amending the registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent:	registered office address istered office address:	address)
. If amending the registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent:	registered office address istered office address: (Florida street (City) ing Registered Agent:	address), Florida (Zip Code)

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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
Director	Jeff Binner	Port St. Lucie, FL 34952	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(and a taute	ional sheets, if necessary). (Be specific		
provisions	dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)	ssification, or cancellation of iss of contained in the amendment i	ued shares, tself:
			·

The date of each amendmen	nt(s) adoption: S/S/2011
	(date of adoption is required.
Effective date <u>if annifeative</u>	(no more than 90 days after amendment tile เมะ
Adoption of Amendment(s)	(CHECK ONE)
	vere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemen ded for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	S/0/dell Maria
Signature _	by a director, president or other officer – if directors or officers have not been
se	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)