P1100065729

(Re	questor's Name)	
(Ad	dress)	•
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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ECRETARY OF STATAL AHASSEE, FLORE

COVER LETTER

TO: Amendment Section Division of Corporations	S		i.
NAME OF CORPORATIO	N: Investments	Overseas, Inc	
DOCUMENT NUMBER:	11000065729	9	
The enclosed Articles of Amo	 endment and fee are sub 	mitted for filing.	
Please return all corresponde	nce concerning this matt	er to the following:	
Sus	an Ross		
,		Name of Contact Person	
Inve	estments Ove	rseas, Inc DBA	Investment Realty
		Firm/ Company	·
495	0 13th ave no	th	
		Address	
St.	Petersburg, FI	33710	
		City/ State and Zip Code	2
susan.r	oss@investme	entrealtyinc.com	1
		ed for future annual report	
		a to talaio amida topor	
For further information conc	erning this matter, please	e call:	
Susan Ross		_{at (} 727	, 776-8730
Name of Con	tact Person		de & Daytime Telephone Number
Enclosed is a check for the for	ollowing amount made p	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee	1\$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 A	<u>ddress</u>	Street	<u>Address</u>
Amendme			ment Section
	f Corporations		n of Corporations
P.O. Box 6			Building
Tallahasse	e, FL 32314		xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILES TO

nvestments Overseas. Inc.

12 UCT 10 FU 12.

myesiments Overseas, inc	
(Name of Corporation as currently filed with	the Florida Dept. of State) SECRETARY OF
P11000065729	TALLAHASSEE, FLORIDA
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3140 W Kennedy Blvd
(Principal office address MUST BE A STREET ADDRESS)	Ste 107
	Tampa, FI 33609
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3140 W Kennedy Blvd
(Muning numress MAT BE A POST OFFICE BOX)	Ste 107
	Tampa, FI 33609
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address;	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of the position.
Signature of New Regist	ered 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>Pïr</u> <u>J</u>	ohn Doe	
X Remove	<u>v</u> 1	Mike Jones	
X Add		Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Norman, Henry	4950 13th ave north
Add X Remove			St. Petersburg, Fl 33710
2) Change	VP	Maday Freist	9214 GRAND BLANC DR
XAdd			Seminole, Fl 33777
Remove 3) X Change	P	Susan Ross	4950 13th ave north
Add			St. Petersburg, Fl 33710
4) X Change	ST	Edward Ross	4950 13th ave north
Add			St. Petersburg, FI 33710
5) Change	1		
Add Remove			
6) Change	-		
Add			
Remove			

F. If amending or addin	g additional Articles, enter change(s) here:
(Attach additional shee	ets, if necessary). (Be specific)
<u></u>	
<u></u>	
·····	
	
	
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r re	The formation of the state of t
r. It an amendment pro	ovides for an exchange, reclassification, or cancellation of issued shares, ementing the amendment if not contained in the amendment itself:
(if not applicable	e, indicate N/A)
N/A	
<u></u>	
•	
- -	

The date of each amendmen	t(s) adoption: 10/09/2012
Effective date if applicable:	N/A
Ellective date (<u>l'appicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere 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 statement led for each voting group entitled to vote separately on the amendment(s):
"The number of vote	es cast for the amendment(s) was/were sufficient for approval
by	.,,
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_10	/09/2012
Signature _	Susanhars
	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)
	Susan Ross
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Cashier's Check

No. 8047

Notice to Purchasers in the event this choose is lost, intepliged or stoten, a swarm statement and 90-day waiting period will be required prior to replacement. This check should be negatiated within 90 days:

Banking DAVIS ISLANDS
Center

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INVESTMENTS OVERSEAS INC.

Remitter (Purchased By)

THIRTY FIVE DOLLARS AND OO CENTS

Pay

09-14-3725B 09-2005 To The Order

FLORIDA DEPARTMENT OF STATE

Of

Bank of America, N.A San Antonio, Texas

VOID AFTER 90 DAYS

Authorized Eighpure