## P11000065931

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SECRETARY OF STATE DIVISION OF CORPORATIONS

MC

FEB 2 8 2013

T. BROWN

## **COVER LETTER**

TO: Amendment Section Division of Corporations Adam Todd Online Inc. NAME OF CORPORATION: \_ DOCUMENT NUMBER: P11000065931 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: dan Todd Online Inc. Samtodd @ yahoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Adam Todd
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed)

**Mailing Address** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

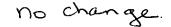
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

## Articles of Amendment to Articles of Incorporation of



Adam Todd Online Inc.	Fr 10HO
Haam Todd Online Inc.  (Name of Corporation as currently filed with the Florida Dept. of State)	<b>~</b> 3
P110000 65931	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendits Articles of Incorporation:	dment(s) to
A. If amending name, enter the new name of the corporation:	
Havendale, Realty, Inc.	new
The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Corp.," "Inc," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."	ition the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered 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>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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) 0			
5) Change			
Add			<del>-</del>
Remove			
6) Change		_	
Add			
Remove			

. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
•	
	<del></del>
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(If not applicable, indicate NA)	
·	

The date of each amendme	nt(s) adoption: 2/19/13
Effective date <u>if applicable</u>	· na
	: (no more than 90 days after amendment file date)
Adoption of Amendment(s	( <u>CHECK ONE</u> )
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
	es cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/w action was not required.	vere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/waction was not required.	vere adopted by the incorporators without shareholder action and shareholder
Dated	2/19/13
Signature	2/19/13 AL RU
	(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)
	Adam Todd
	(Typed or printed name of person signing)
	Director
	(Title of person signing)