# P11000069314

Office Use Only



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name Change

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA A	SSET MANAGEN	MENT GROUP INC
DOCUMENT NUMBER: P110000693	14	
The enclosed Articles of Amendment and fee are so	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
GEORGE W. RE	ED SR.	
FLORIDA ASSE	Name of Contact Persor T MANAGEMEN	•
2175 DUMAS ST	Firm/ Company	
MERRITT ISLAN	Address ID FL. 32952	
ONESTOPREO@GI	City/ State and Zip Code	e
	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
GREGORY REED	<sub>at (</sub> 561	, 719-1702
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee & Certificate of Status enclosed)	\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional Co	□\$52.50 Filing Fee Certificate of Status Certified Copy opy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amenda Division Clifton 2661 Ex	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

# FLORIDA ASSET MANAGEMENT GROUP INC.

2012 JAN -6 PM 4: 13

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE

P11000069314

ent(s) to

(Document Number of Co.	poration (if known)
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment
A. <u>If amending name, enter the new name of the corpo</u> REAL ESTATE INVESTMENT SOI	
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE	<u>SS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 540955
	MERRITT ISLAND
	FL. 32954
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	
Name of New Registered Agent	
	•
	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
lew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	
Signature of New P.	egistered 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: XChange	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	<u>v</u>	JOANNE REED	2175 DUMAS ST MERRITT ISLAND FL 32952
2) Change X Add Remove	ST	JOANNE REED	2175 DUMAS ST MERRITT ISLAND FL 32952
3) Change Add Remove	<u>V</u>	GREGORY J. REED	235 MAPLEWOOD BLVD COCOA FL. 32926
4) Change Add Remove	<del></del>		
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	
<del></del>	
If an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
	AS FOLLOWS: GEORGE W. REED SI
	OF THE SHARES AND
REGORY J. REED VICE	PRESIDENT HOLDS 50% OF THE
HARES THIS WILL TOT	AL 100% OF SHARES OF THE
OMPANY	

The date of each amendment(s) adoption: 12/30/2011
Effective date if applicable: 12/30/2011
(no more than 90 days after amendment file date)
Adoption 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 12/30/2011
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)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)