## P11000011974

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ARISTA R	EALTY OF BRE	VARD, INC.
DOCUMENT NUM	BER: P1100007197	<b>'</b> 4	
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	atter to the following:	
	PAUL KATLAN		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n
	ARISTA REALTY	OF BREVARD	, INC.
	*****	Firm/ Company	
	5599 Babcock St	i., N.E.	
		Address	· · · · · · · · · · · · · · · · · · ·
	Palm Bay, FL 32	2907	
		City/ State and Zip Cod	e
pka	atlan@gmail.com		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
PAUL KATL	AN	at (321	, 652-8252
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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 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

ARISTA REALTY OF BE	REVARD, INC.
(Name of Corporation as	currently filed with the Florida Dept. of State)
P11000071974	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name	me of the corporation:
KATLAN REALTY, INC.	The new
	ain the word "corporation," "company," or "incorporated" or the abbreviation ation "Corp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, i (Principal office address MUST BE A ST	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST O	
	<del></del>
	Nor 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

(City)

14 AUG 18 PH 3: 24
SECRETARY OF STATE

, Florida\_

## 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 <math>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, while Jones V as Remove, and Sally Smith SV as an Add

Mike Jones, V as Remove Example:	e, and Sal	ly Smith, SV as an Add.		AUG.
X Change	<u>PT</u>	John Doe		- (o)} <u></u> ™
X Remove	<u>v</u>	Mike Jones		SECOND IN
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	day.
1) Change			<del></del>	
Add Remove				
2) Change		<del>-</del>		
Add Remove				
3) Change	<u></u>			<del></del>
Add				
4) Change	<del></del>			
Add Remove				<del> </del>
5) Change				
Add				<del></del> _
Remove				and and an
6) Change				
Remove				

tach additional sheets, if necessary). (Be specific)	Harry C.
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	FUCTOR OF STATE
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7177777	
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	**************************************
an amendment provides for an exchange, reclassification, or cancellation of issued sl	hares.
rovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	•

The date of each amendment(s) adoption: AUGUST 14, 2014 date this document was signed.	, if other than the
Effective date if applicable:	
(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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"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.	rse z
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	SECRETARIO 18
Dated AUGUST 14, 2014	至图
Signature	3: 21 F. S. FALL
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).	, , , , , , , , , , , , , , , , , , ,
PAUL KATLAN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	