P11000093/22

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Trinity Commercia	al Group, Inc.	····-
DOCUMENT NUMBER: P11000093122		·
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Tony Mangione		
N N	ame of Contact Person	
<u>CBRE</u>		
	Firm/ Company	
13350 Metro Pkwy, Ste 102		
	Address .	
Fort Myers, FL 33966		
	ity/ State and Zip Code	
tmangione@cbre-ftmyers.com E-mail address: (to be u	sed for future annual report	notification)
	•	
For further information concerning this matter, plea	ise call:	
Tony Mangione	at (239) 300-8081-
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
☑ \$35 Filing Fee	□\$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 O. Box 6327 Fallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment Articles of Incorporation of

	Articles of Amendment to		March Control of the
	Articles of Incorporation		OF.
	of		April 1
ty Commercial Group, Inc.			Action 1
(Name of Corporation as curr	rently filed with the Florida D	ept, of State)	
00093122			**************************************
	mber of Corporation (if known)		· · · · · · · · · · · · · · · · · · ·
ant to the provisions of section 607.100 dment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Flori</i>	da Profit Corporation	n adopts the following
amending name, enter the new name o	of the corporation:		
L 2:	Junear P	·	moveted" or the
new name must be distinguishable and conserviation "Corp.," "Inc.," or Co.," or the	e designation "Corp," "Inc," o	or "Co". A professio	
must contain the word "chartered," "pro	ofessional association," or the	abbreviation "P.A."	
nter new principal office address, if app	nlicable:		
nter new principal office address, it app			
cipal office address <u>MUST BE A STREE</u>			
cipal office address <u>MUST BE A STREE</u>	ET ADDRESS)		
cipal office address <u>MUST BE A STREE</u> Conternew mailing address, if applicable	<u></u>		
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cipal office address <u>MUST BE A STREE</u> Cnter new mailing address, if applicable Mailing address <u>MAY BE A POST OFF</u>	ET ADDRESS) BE: HCE BOX)		
cipal office address <u>MUST BE A STREE</u> Cinter new mailing address, if applicable Mailing address <u>MAY BE A POST OFFI</u> Camending the registered agent and/or	e: ICE BOX) registered office address in Fl	orida, enter the name	e of the
cipal office address <u>MUST BE A STREE</u> Cnter new mailing address, if applicable Mailing address <u>MAY BE A POST OFF</u>	e: ICE BOX) registered office address in Fl	orida, enter the name	e of the
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Cipal office address MUST BE A STREE Cinter new mailing address, if applicable Mailing address MAY BE A POST OFFI Camending the registered agent and/or ew registered agent and/or the new registered agent. Name of New Registered Agent:	ET ADDRESS) E: ICE BOX) registered office address in Flistered office address:	s)	e of the
cipal office address <u>MUST BE A STREE</u> Conter new mailing address, if applicable Mailing address <u>MAY BE A POST OFFI</u> Conterney mailing address and the registered agent and the registered agent and the new registered	ET ADDRESS) E: ICE BOX) registered office address in Flistered office address:		e of the

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>		Address
1) <u>P</u>	Daniel S O'Berski		Fort Myers, FL 33913
2)			
3)			
4)			
5)			
6)			
If REMOVIN	G an officer and/or director.	please list the title(s) and	I name of the officer/director to be removed:
Title(s)	<u>Name</u>	<u>Title(s)</u>	Name
1) <u>P</u>	Matthew J Fredrickson	4)	
2)		5)	
2)		0	

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	(S) Here.		
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
(tj noi applicame, maicate WA)
. <u></u>
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
(no have than 20 days after amendment fire daily)
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
1 11
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 11/23/2011
Dated 11/20/2011
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)
Daniel S O'Berski
(Typed or printed name of person signing)
President
(Title of person signing)
✓ · · · · · · · · · · · · · · · · · · ·