711000095017

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Dor	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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2015 HAY 26 AH 2: 07

JUN 0.2 2014 C. CARROTHERS

COVER LETTER

L ESTATECORP.		
omitted for filing.		
ter to the following:		
Name of Contact Person		
Firm/ Company		
Address		
;		
City/ State and Zip Code		
m		
ed for future annual report	notification)	
e call:		
727	510-5046 de & Daytime Telephone Number	
Area Co	de & Daytime Telephone Number	
payable to the Florida Depa	artment of State:	
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Street	Address	
Amendment Section		
	on of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		
	Address Address City/ State and Zip Code am ded for future annual report at (727 Area Co payable to the Florida Depa S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amend Divisie Cliftor	

Tallahassee, FL 32301

2015 HAY 26 AH 2: 07

Articles of Amendment to Articles of Incorporation of

EDEN PARK REAL ESTATECORP.		
	Corporation as currently filed with the Florida De	pt, of State)
P11000095017		
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this Florida Profit Corporation	
A. If amending name, enter the new nam	ne of the corporation:	ن ن بر
NA		The new-
name must be distinguishable and conta "Corp" "Inc.," or Co.," or the designat word "chartered," "professional association	in the word "corporation," "company," or "incortion "Corp," "Inc." or "Co". A professional corpon," or the abbreviation "P.A."	porated" or the abbreviation
B. Enter new principal office address, if (Principal office address MUST BE A ST		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	FFICE BOX) Nor registered office address in Florida, enter the	name of the
Name of New Registered Agent	NA	
	(Florida street address)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	nanging Registered Agent: ered agent. I am familiar with and accept the obligat	tions of the position.
-	Signature of New Registered Agent, if changi	ne

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>T9</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	FRANCESCOARCIERI	2644SADDLEWOODLANE
Add			PALM HARBOR, FL 34685
X Remove			
2) NA Change	<u> </u>	FRANCESCOARCIERI	2644SADDLEWOODLANE
X Add			PALM HARBOR, FL 34685
Remove			
3) NA Change	NA ———		
Add			
Remove			
4) NA Change	NA	_	
Add			
Remove			
5) NA Change	NA		
Add			
Remove			
6) NA Change	NA		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
NA						
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provis	mendment provides for implementing for implementing for applicable, indicated the control of the	or an exchange, recla g the amendment if n nie N/A)	ssification, or canc ot contained in the	ellation of issued sh amendment itself:	aares,	
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		<u></u>			 -	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
				, <u>,</u> ,		
						
						

	05/12/2015
The date of each amendment(s) ad	
date this document was signed.	**
NA	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
MAY 12,2	015
Dated Signature	Thulo Cullo
	recter, president or other officer - if directors or officers have not been
	f, by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	CLAUDIO CERULLO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)