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04/25/12--01015--023 **35.00

SECRETARY OF STATE ALLAHASSEE. FLORIDA

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COVER LETTER

Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person City/ State and Zip Code address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number 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 (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

FLORID REAL ESTATE	CORP.
(Name of Corporation as currently filed with the Flor	ida Dept. of State)
<u> </u>	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	M/A The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	H/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7017 APR 25 SECRETARY OF TALL AHASSEE
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	s in Florida, enter the natae of the RATE 2
Name of New Registered Agent	
New Registered Office Address: (Florida street New Registered Office Address	address) , Florida (Zip/Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Age	, , ,

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	<u>PT</u> John	ı <u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change Add Remove	_D_	ALBERTO BIGHARDI	VIA FORGHIERÍ 177/1 HODENA 41100 TALY
2) Change Add Remove	-P	ALBERTO BIGHARDI	UIA FORGHIERI 177/1 HODEMA 41/180
3) Change Add Remove	<u>VP</u>	HOHAHMADI Roshid	VIALE GRAMSCI 385 MODERA 41/100 ITALIA
4) Change Add Remove	\$_	ALBERTO, BIGHARDÍ	VIA FORGHIERI 177/ NODENA 4MOD TTALIA
5) Change Add Remove	<u>T</u>	ALBERTO, BIGHARIDI	VIA FORGITIERI 177/1 TIPLE A 4/100
6) Change Add Remove			

(attach additional sheets, if necessary).	eles, enter change((Be specific)		N/N	
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If an amendment provides for an excha	inge, reclassificati	on, or cancella	tion of issued sha	res,
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not conta	ained in the am	endment itself:	
(ly not applicable, indicate WA)		1-		
	<u> </u>	<u>/ </u>		
	/			

The date of each amendment(s) ad	loption: _04 / 17 20/L
Effective date <u>if applicable</u> :	A/A
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient 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	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated O	117 12012
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	B16NARDi ALBERTO (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRZSID3NT
	(Title of person signing)