## P12 0000 28362

(Re	equestor's Name)	<u> </u>	
(Ac	ddress)		
(Ac	ldress)	,	
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nai	me)	
(Do	ocument Number)		
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



300277115373

09/21/15--01008--010 \*\*35.00

TO SEE STATE

SEP 2 4 2015

C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	Jeff Conway, PA					
DOCUMENT NUMBER:	P12000028362					
The enclosed Articles of Amenda	nent and fee are submitted for filing.					
Please return all correspondence of	oncerning this matter to the following:					
	Jeff Conway					
<del></del> -	Name of Contact Person					
	Jeff Conway, PA					
	Firm/ Company					
	11534 Spring Hill Dr					
	Address					
Spring Hill, Fl 34609						
	City/ State and Zip Code					
	jeff@teamclozed.com					
E-mai	address: (to be used for future annual report notification)					
For further information concerning	g this matter, please call:					
Jeff Conway	at (					
Name of Contact F						
Enclosed is a check for the follow	ing amount made payable to the Florida Department of State:					
	75 Filing Fee & Status Status Status Certified Copy (Additional copy is enclosed) Status Status Certified Copy (Additional Copy is enclosed)					
Mailing Addre Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion Amendment Section porations Division of Corporations Clifton Building					

## Articles of Amendment to Articles of Incorporation of

Jeff Conway, P.A.

		the Florida Dept. of State)	
	2000028362	<u> </u>	
(Documer	nt Number of Corporation	(if known)	
tursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:	statutes, this Florida Prof	it Corporation adopts the follo	wing amendment(s
. If amending name, enter the new name of the corp	poration:		
Skyline Realty Investm			The new o
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the ab	"Inc," or "Co". A proj		
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR	ESS)	N/A	F. STA
<u> </u>			<u> </u>
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
(Mailing dadress MAY BE A POST OFFICE BOX)			
		<u>.</u>	
. If amending the registered agent and/or registered	l office address in Florid	a, enter the name of the	
new registered agent and/or the new registered of	fice address:		
Name of New Registered Agent	N/A		<u>.                                    </u>
	(Florida street address)		
New Registered Office Address:	N/A	, Florida	
	(City)	(	Zip Code)
ew Registered Agent's Signature, if changing Regist	ered Agent:		
hereby accept the appointment as registered agent. I a	m familiar with and acce	pt the obligations of the positi	on.
	N/A		

## 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, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jos	nes			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name			Address
1) Change	-			N/A		
Add						<u>.</u>
Remove						
2) Change	<del></del>	<b></b> .		N/A		
Add						
Remove						
3) Change		_		N/A		
Add						
Remove						
4) Change		_		N/A		
Add						14114
Remove						
5) Change		<del></del>		N/A		
Add						
Remove						
6) Change		<u> </u>		N/A	····	
Add						
Remove						

ttach additional sheets, if necessor	sary). (Be specific)
	N/A
<del>.</del>	
<del></del>	
1810	
	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
an amendment provides for an arrayisions for implementing the	n exchange, reclassification, or cancellation of issued shares, e amendment if not contained in the amendment itself:
(if not applicable, indicate N/	(A)
(J F1	···· <i>,</i>
	N/A
	The state of the s

The date of each amendment(s) adoption: 'date this document was signed.	N/A	, if other than the
Effective date if applicable:	N/A	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not document's effective date on the Department of St		ments, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for app		e amendment(s)
☐ The amendment(s) was/were approved by the si must be separately provided for each voting gr		
"The number of votes cast for the amendr	nent(s) was/were sufficient for approval	
by	.,,	
(voting	g group)	
☐ The amendment(s) was/were adopted by the bo action was not required.	ard of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action and sl	hareholder
Dated 09/18/2015		
Signature		
(By a director, preside selected, by an incorp appointed fiduciary by	ent or other officer – if directors or officers horaton – if in)the hands of a receiver, trustee, y that fiduciary)	ave not been , or other court
	Jeff Conway	
(Ty	/ped or printed name of person signing)	
	President	
	(Title of person signing)	