P12000028362

| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------------------------------|
| (Ac | ldress) | |
| (Ac | dress) | · · · · · · · · · · · · · · · · · · · |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ві | ısiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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OCT 28 2015 A RAMSEY

COVER LETTER '

TO: Amendment Section Division of Corporations

| NAME OF CORPORAT | ION:Skylin | e Realty Investments, | P.A. | | |
|-------------------------------|--|---|---|--|--|
| DOCUMENT NUMBER | OCUMENT NUMBER: P12000028362 | | | | |
| The enclosed Articles of A | Imendment and fee are su | bmitted for filing. | | | |
| Please return all correspon | dence concerning this ma | ter to the following: | | | |
| | | Jeff Conway | | | |
| | | Name of Contact Person | 1 | | |
| | s | kyline Realty Investmen | nts, P.A. | | |
| | | Firm/ Company | ······································ | | |
| 11534 Spring Hill Dr | | | | | |
| | Address | | | | |
| | Spring Hill, FL 34609 | | | | |
| City/ State and Zip Code | | | | | |
| | | jeff@teamclozed.com | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | |
| For further information co | ncerning this matter, pleas | e call: | | | |
| Jeff Conway | | at (| 678-5265 | | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for the | e following amount made p | payable to the Florida Depa | artment of State: | | |
| ■ \$35 Filing Fec | □\$43.75 Filing Fee & Certificate of Status | □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Amendr Divisior P.O. Bo | Address ment Section n of Corporations x 6327 ssee, FL 32314 | Amend Divisio Clifton 2661 E | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 | | |

Articles of Amendment to Articles of Incorporation of

MIS DIT 26 PH 3:57

| S | kyline Realty Investments, | | शाह पटा ट | |
|--|--|---|--------------------------------|--------------------------|
| (Name of Corpor | ation as currently filed with the | he Florida Dept. of | State) | AY UP STATE |
| | P12000028362 | • | TALL AMA | ANDER 1 WE |
| (Doc | cument Number of Corporation | | # B | म् प्रदेश अस्य |
| Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation: | rida Statutes, this <i>Florida Profi</i> | t Corporation adopt | s the following | amendment(s) |
| A. If amending name, enter the new name of the | e corporation: | | | |
| | Skyline Inve | estment Realty, P | .A. | The new |
| name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t | orp," "Inc," or "Co". A profe | y," or "incorporate essional corporation | ed" or the ab n name must c | breviation ontain the |
| 3. Enter new principal office address, if applica | ble: | N/A | | |
| Principal office address <u>MUST BE A STREET A</u> | | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | N/A | | |
| (Mailing address MAY BE A POST OFFICE) | <u>BOX</u>) | N/A | | |
| | | | | |
| | | | | |
| | | • | 6.4 | |
| If amending the registered agent and/or registered agent and/or the new register | | a, enter the name o | t the | |
| | N/A | | | |
| Name of New Registered Agent | | | | |
| | (Florida street address) | | | |
| | N/A | | | |
| New Registered Office Address: | (Citv) | , Flo | orida (Zip C | ode) |
| | | | | , |
| | • | | | |
| ew Registered Agent's Signature, if changing I | | | | |
| hereby accept the appointment as registered agen | it. I am familiar with and accep | ot the obligations of | the position. | |
| | N/A | | | |
| | ignature of New Registered Age | ··· if all and in 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.

| X Change | <u>PT</u> | John Doc | |
|-------------------------------|-----------|-------------|-----------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | | N/A | |
| Add | | | |
| Remove | | | |
| 2) Change | | N/A | |
| Add | | | |
| Remove | | | |
| 3) Change | | N/A | |
| Add | | | |
| Remove | | | |
| 4) Change | | N/A | |
| Add | | | |
| Remove | | | |
| 5) Change | | N/A | |
| Add | | | |
| Remove | | | |
| 6) Change | | N/A | |
| Add | | | |
| Remove | | | |

| | N/A | | | |
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| f an amendment provides for an exchang provisions for implementing the amendm | e, reclassification, ent if not containe | or cancellation of the din the amenda | or issued snares nent itself: | <u>5,</u> |
| (if not applicable, indicate N/A) | | | | |
| | N/A | | | |
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| The date of each amendment(s) adoption | :N/A | , if other than the |
|--|--|---|
| date this document was signed. | | |
| Effective date if applicable: | N/A | |
| | (no more than 90 days after amendment file da | ite) |
| Note: If the date inserted in this block document's effective date on the Departme | ocs not meet the applicable statutory filing requirement of State's records. | ents, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient | the shareholders. The number of votes cast for the art for approval. | mendment(s) |
| | by the shareholders through voting groups. The followoting group entitled to vote separately on the amendm | |
| "The number of votes cast for the | amendment(s) was/were sufficient for approval | |
| by | ." | |
| • | (voting group) | |
| ☐ The amendment(s) was/were adopted by action was not required. | the board of directors without shareholder action and | 1 shareholder |
| ☐ The amendment(s) was/were adopted by action was not required. | the incorporators without shareholder action and shareholder. | reholder |
| Dated 10/13/2015 | 12 | |
| selected, by ar | president or other officer – if directors or officers have incorporator – if in the hands of a receiver, trustee, o ciary by that fiduciary) | |
| | Jeff Conway | |
| | (Typed or printed name of person signing) | |
| | . President | |
| | (Title of person signing) | |