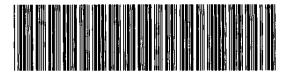
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Florida R.E. Union	Corp.	
DOCUMENT NUME	BER: P12000047391		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Julius Mueller		
•		Name of Contact Person	n
	Florida R.E. Union Corp.		
-		Firm/ Company	
	299 Chattanooga Drive		
		Address	
	Fort Myers, FL 33905		
•		City/ State and Zip Cod	e
info@	florida-reunion.com		
		ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Anne Fabian		at (<u>239</u>	826-2424
Name o	Name of Contact Person Area Code & Daytime Telephone No		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Florida R.E. Union Corp.			
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept, of State)	
P12000047391			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			mt.
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the "Co". A professional corporation name mu "P.A."	
R Enter new principal office address	B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
			~ ;
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		299 Chattanooga Drive	
(Hauing dualess MAT DE ATOST)	OFFICE BOX	Fort Myers FL 33905	9
D. If amending the registered agent an			52
new registered agent and/or the new	•	<u>885.</u>	
Name of New Registered Agent	Name of New Registered Agent Anne Fabian		 -
	299 Chattanooga Drive		
	(Florida s	treet address)	
New Registered Office Address:	Fort Myers	, Florida	
		(City) (Z	ip Code)
New Registered Agent's Signature, if c		it: with and accept the obligations of the positio	и
r nereby accept the appointment as regist	erea ageni. Tam jaminar	with and accept the obligations of the positio	<i>r</i> 1.
Cm	THI.		
	Signature of New	Registered Agent, if changing	

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>	ohn Doc	
X Remove	Y !	Mike Jones	
X Add	SY S	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) Change	<u>V, D</u>	Anne Fabian	313 Broadview Drive
X Add			Fort Myers, FL 33905
Remove			
2) Change			
Add			
Remove			the second secon
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
\$-14-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
·	

	·
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame	

	n:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the applicable statutory filing requirements, ent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficier	by the shareholders. The number of votes cast for the amend to for approval.	dment(s)
	by the shareholders through voting groups. The following voting group entitled to vote separately on the amendment(
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholder action and sha	reholder
■ The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and shareho	lder
JULY 12, 2015 Dated		
Signature		
selected, by a	r, president or other officer – if directors or officers have no in incorporator – if in the hands of a receiver, trustee, or oth uciary by that fiduciary)	
Julius	Mueller	
	(Typed or printed name of person signing)	
Presid	\ \ _ ,	
	(Title of person signing)	