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SECRETARY OF STATE

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OCT 1 6 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

Bivision of Corporations		
NAME OF CORPORATION: MILOE PR DOCUMENT NUMBER: P1200004867		AL INC
The enclosed Articles of Amendment and fee are st		
Please return all correspondence concerning this ma	atter to the following:	
OWEN CLIFTON	1	
	Name of Contact Perso	n
	Firm/ Company	
1010 MARSH VI	EW LANE	
	Address	
TARPON SPRIN	GS, FL 34689	
	City/ State and Zip Cod	e
RWILLIAMS@APLU	STBS.COM	
	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
RICHARD WILLIAMS	_{at (} 727	_ ₎ 847-6324
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment **Articles of Incorporation** of

FILED 2012 OCT 15 AM 8: 16 SECRETARY OF STATE IALLAMASSEE, FLORIDA

MILOE PROPERTY RENTAL INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P1	20	aa	()4	Rh	70

ent(s) to

(Documer	nt Number of Corporation	(if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Co</i>	prporation adopts the following amendm
A. If amending name, enter the new na	ame of the corporation:		The ne
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professi	or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		NA	
		NA	
		NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	
		NA	
		NA	
D. If amending the registered agent an new registered agent and/or the new			nter the name of the
Name of New Registered Agent	NA		
	NA		
	(street address)	A.I.A.
New Registered Office Address:	NA		, Florida NA (Zip Code)
	(Ci	<i>(y)</i>	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			he obligations of the position
i nereby accept the appointment as regist	егей идет. Тит јатии	и жин ана ассери и	ne obligations of the position.
	C) / D	1.1.1.1.1	

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 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	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u> y	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	STR	CONVI-CLIFTON, MARZIA	1010 MARSH VIEW LANE
Add			TARPON SPRINGS FL 34689
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			***************************************
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(De specific)	•	
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. If an amendment provides for an exc	change, reclassification, or	cancellation of issued shares,	
provisions for implementing the am	change, reclassification, or tendment if not contained	cancellation of issued shares, in the amendment itself:	
provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or endment if not contained	cancellation of issued shares, in the amendment itself:	
provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or nendment if not contained	cancellation of issued shares, in the amendment itself:	
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provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or nendment if not contained	cancellation of issued shares, in the amendment itself:	

The date of each amendment(s) a	doption: TU/TU/2012
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated 10/10	/12
Signature _	in ch
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	OWEN CLIFTON .
	(Typed or printed name of person signing)
•	PRESIDENT
	(Title of person signing)