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COVER LETTER

•**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HOMELIF	E LIVING REA	ALTY CORP		
DOCUMENT NUMBER: P120000587				
The enclosed Articles of Amendment and fee are sub				
-	J			
Please return all correspondence concerning this matt	er to the following:			
ANTILLA FAGA	N			
	Name of Contact Person	n		
18 ETHAN ALLI	Firm/ Company EN DRIVE			
Address				
PALM COAST, FL 32164				
	City/ State and Zip Cod	e		
talkmortgage@gma				
E-mail address: (to be use	ed for future annual report	notification)		
For further information concerning this matter, please	e cali:			
at (569-1064		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of State:		
\$35 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)		
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 assec, FL 32301		

Articles of Amendment to Articles of Incorporation of LIFE LIVING REALTY CORP (Name of Corporation as currently filed with the Florida Dept. of State) 2.16 2052755

HOMELIFE LIVING REALTY CORP

P12000058755

ient(s) to

A. If amending name, enter the new name of the corporation	
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," oword "chartered." "professional association," or the abbreviation	or "Co". A professional corporation name must contain the on "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	389 PAlm Coast PKwy Sw. Suite 4 Palm Coast Fl 32137
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A A
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addresses	
Name of New Registered Agent	
(Florida	a street address
New Registered Office Address:(C	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	ent: far with and accept the obligations of the position.
	NIA
Signature of New Register	ed 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.

Example: X Change	<u>PT</u> <u>John</u>	<u>Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones ·	
X Add	<u>SV</u> <u>Sally</u>	<u>r Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Dir	Cynthia A. Harrowsmith	1473 Vestavia Cir.,
X Add	Broker 2	# BK381989	Melbourne, FI 32940
Remove			
2) Change	VP	Arlyne Acero	1427 Banyan Way
X Add			Weston, FI 33327
Remove	Pres	Felix Rodriguez	50 Waters Dr
3) Change Add		<u> </u>	Palm Coast, FI 32164
X Remove			
4) Change	<u>VP</u>	Antilla Fagan	18 Ethan Allen Dr
Add			Palm Coast, Fl 32164
X Remove			
5) Change	Sec	NHORA RODRIGUEZ	50 Waters Dr
Add			Palm Coast, FI 32164
X Remove			
6) Change	Treas	Peter Fagan	18 Ethan Allen Dr
Add		•	Palm Coast,Fl 32164
X Remove ,		•	

	 		
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	an exchange, reclassific	ation, or cancellation of issued shares,	
n amendment provides for	Me amendment ii not co	trained in the amendment useri.	
n amendment provides for ovisions for implementing (if not applicable, indicate	? N/A)		
ovisions for implementing	2 N/A) 		
ovisions for implementing	? N/A) 		
ovisions for implementing	2 N/A)		
ovisions for implementing	2 N/A)		
ovisions for implementing	2 N/A)		
ovisions for implementing	2 N/A)		
ovisions for implementing	2 N/A)		

The date of each amendment(s) as	July 19th 2012
Effective date if applicable:	ly 19th 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
by	· · · · · · · · · · · · · · · · · · ·
·	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated July 1	9th 2012
selecte	irector, president or other whicer – it directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Felix Rodriguez and Antilla fagan
	(Typed or printed name of person signing)
	President and Vice President
	(Title of person signing)