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C. LEWIS

DEC 15 2013

EXAMINER

* COVER LETTER-

TO: Amendment Section Division of Corporations		
SUBJECT: SMITH REALTY	, INC	
DOCUMENT NUMBER: P12000073	•	
The enclosed Articles of Correction and fe		or filing.
Please return all correspondence concerning	g this matter to t	he following:
JESSE SMITH		
Name of Contact Person		-
SMITH REALTY, INC		-
1507 W. BROADWAY	STREET	_
OVIEDO, FL 32765		
City/State and Zip Code	<u>,</u>	-
smithrealtyreo@gmail.d	com	
E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this ma	atter, please call:	
JESSE SMITH	_{at (} 321	948-9486 e & Daytime Telephone Number
Name of Contact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for the following amo	unt:	
■ \$35.00 Filing Fee	□ \$43.75 Filii	ng Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy	□ \$52.50 Filin Cert	ng Fee, Certificate of Status & ified Copy
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation of

13 NOV 27 P.H 2: 19

SECRETARY OF STATE TALLAHASSES, FLORIDA

SMITH REALTY, INC.	TALLAHASSEE, FLORIDA
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P12000073596	
(Document Number of Corporation (if k	(nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatticles</i> of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1507 W. BROADWAY STREET
(Principal office address MUST BE A STREET ADDRESS)	
	OVIEDO, FL. 32765
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address: (City)	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Registered Ag	gent, 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>	John Doe	
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		<u>. </u>	
Add Remove			
[]		•	
2) Change Add	· · · · · ·	 	
Remove			
3) Change	 	.	
AddRemove			
4) Change			
Add			
Remove		•	
5) Change			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
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	·····		

	·		
f an amendment provides for an excl	hange, reclassification	, or cancellation of is	ssued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contain	ed in the amendmen	<u>t itself:</u>
,	·		
···		· · · · · · · · · · · · · · · · · · ·	•

AND

if other than the The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) (CHECK ONE) Adoption of Amendment(s) The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s). "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated 11-27-13 Signature ot been (Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.) ther court JESSE SMITH (Typed or printed name of person signing) VICE PRESIDENT

(Title of person signing)