## P12000100125

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| ,                                       |
| (C), (2), 1, 17, (2)                    |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| · · · ·                                 |
| (Document Number)                       |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



200258985432

04/16/14--01008--008 \*\*35.00

SECRETARY OF STATE

14 APR 16 AMII: 24

C. LEWIS

APR 2 3 2014

EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOI  | RATION: NGR.INC<br>BER: P120001001          | 25   |  |  |  |
|---|---|--|--|--|--|
|   | of Amendment and fee are su                 |  | •  |  |  |
| Please return all corre   | spondence concerning this ma                | tter to the following:   |  |  |  |
|   | Iris L. Quish                               |  |  |  |  |
|   |   | Name of Contact Person   | n .  |  |  |
|   | DBA: NATIONS GROUP REALTY                   |  |  |  |  |
|   | •   | Firm/ Company  |  |  |  |
|   | 223 S. McMullen Booth Rd. #168              |  |  |  |  |
|   |   | . Address  |  |  |  |
|   | Clearwater, FL                              | 33759  |  |  |  |
|   |   | City/ State and Zip Cod  | e  |  |  |
| •   |   | •  |  |  |  |
| lou   | quish@me.com                                |  |  |  |  |
|   | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |  |  |
| For further information concerning this matter, please call:                                  |   |  |  |  |  |
| Iris L. Quish at (727 ) 641-3596  |   |  |  |  |  |
| Name  | of Contact Person                           |  | de & Daytime Telephone Number  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department 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) |  |  |
| Mai   | ling Address                                | Street   | Address  |  |  |
| Amendment Section   |   | Amendment Section  |  |  |  |
| Divi  | ision of Corporations                       | Divisio  | on of Corporations   |  |  |
|   | . Box 6327                                  | Clifton Building   |  |  |  |
| . Tall  | ahassee, FL 32314                           |  | xecutive Center Circle   |  |  |
|   |   | Tallahassee, FL 32301  |  |  |  |

APPRÖYED AND FILED

## Articles of Amendment to Articles of Incorporation of

14 APR 16 AMII: 24

SECRETARY SE STATE TALLAHASSEE, PLORIDA

## NGR.INC

| (Name of Corporation as  | currently filed with the F     | lorida Dept. of State)          |                    |                   |
|--|--------------------------------|---------------------------------|--------------------|-------------------|
| P12000100125   |                                |                                 |                    |                   |
| (Documer   | at Number of Corporation (if   | f known)                        |                    |                   |
| Pursuant to the provisions of section 607. its Articles of Incorporation:  | 1006, Florida Statutes, this i | Florida Profit Corporation ad   | opts the following | g amendment(s) to |
| A. If amending name, enter the new na  | me of the corporation:         |                                 |                    |                   |
| N/A  |                                |                                 | ·                  | The new           |
| name must be distinguishable and con<br>"Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associa | ation "Corp," "Inc," or "      | Co". A professional corpora     |                    | -<br>obreviation  |
| B. Enter new principal office address,   | if applicable:                 | N/A                             |                    |                   |
| (Principal office address MUST BE A S  |                                |                                 |                    |                   |
| ,  |                                |                                 |                    |                   |
|  |                                |                                 |                    |                   |
| C. Enter new mailing address, if appli<br>(Mailing address MAY BE A POST)  |                                | 223 S. McMullen                 | Booth Rd.          |                   |
|  |                                | #168                            |                    |                   |
|  |                                | Clearwater, FL                  | 33759              |                   |
| D. If amending the registered agent an<br>new registered agent and/or the new  |                                |                                 | e of the           |                   |
| Name of New Registered Agent   | N/A                            |                                 |                    |                   |
|  |                                |                                 |                    |                   |
|  | (Florida stre                  | eet address)                    |                    |                   |
| New Registered Office Address:   | N/A                            | , Florida                       |                    |                   |
|  | (City)                         |                                 | (Zip Code)         |                   |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regist  | ered agent. I am familiar w    | vith and accept the obligations | of the position.   | ·                 |
| $\frac{-76}{Si_0}$   | gnature of New Registered A    | Igent, 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<br>(Check One) | <u>Title</u> | <u>Name</u>     | <u>Addres</u> s           |
| 1) Change                     | PD           | Iris. L. Quish  | 223 S. McMullen Booth Rd. |
| Add                           |              |                 | #168                      |
| Remove                        |              |                 | Clearwater, FL 33769      |
| 2) Change                     | VD           | Nabil S. Basta  | 36625 US HWY 19 North     |
| Add                           |              |                 | Palm Harbor, FL 34684     |
| Remove                        |              |                 |                           |
| 3) Change                     |              |                 |                           |
| Add                           |              |                 |                           |
| Remove                        |              |                 |                           |
| 4) Change                     |              |                 |                           |
| Add                           |              |                 |                           |
| Remove                        |              |                 |                           |
| 5) Change                     |              |                 |                           |
| Add                           |              |                 |                           |
| Remove                        |              |                 |                           |
| 6) Change                     |              |                 |                           |
| Add                           |              |                 |                           |
| Remove                        |              |                 |                           |

| A                         | , 5  | . (Be specific)       |                                       |                                       |
|---------------------------|--|-----------------------|---------------------------------------|---------------------------------------|
|                           | •  |                       |                                       |                                       |
|                           |  |                       |                                       |                                       |
|                           |  | ·····                 |                                       |                                       |
|                           |  |                       |                                       |                                       |
|                           |  |                       |                                       | · · · · · · · · · · · · · · · · · · · |
|                           |  |                       |                                       |                                       |
|                           | <del> </del>   |                       |                                       | <del></del>                           |
|                           |  |                       |                                       |                                       |
|                           | <del></del> -  | <del></del>           | <del></del>                           |                                       |
|                           |  |                       | · · · · · · · · · · · · · · · · · · · |                                       |
|                           |  |                       |                                       |                                       |
|                           |  |                       |                                       |                                       |
|                           |  |                       |                                       |                                       |
|                           |  |                       |                                       |                                       |
|                           |  |                       | <del> </del>                          |                                       |
|                           |  |                       |                                       |                                       |
| •                         |  |                       | <u> </u>                              | <del></del>                           |
|                           |  |                       |                                       |                                       |
|                           | •  |                       |                                       |                                       |
|                           |  |                       |                                       |                                       |
|                           |  |                       |                                       |                                       |
| <del></del>               |  |                       |                                       |                                       |
|                           |  |                       |                                       |                                       |
|                           | •  |                       |                                       |                                       |
|                           |  |                       |                                       |                                       |
|                           |  |                       |                                       |                                       |
|                           |  |                       |                                       |                                       |
|                           |  | :bange, reclassificat | <u>ion, or cancellatio</u>            | n of issued shares,                   |
| f an amendr               | nent provides for an exc   | -                     |                                       |                                       |
| provisions f              | or implementing the am   | endment if not cont   | ained in the amen                     | dment itself;                         |
| provisions f<br>(if not a | nent provides for an exc<br>or implementing the amount<br>oplicable, indicate N/A) | endment if not cont   | ained in the amen                     | <u>dment itself;</u>                  |
| provisions f<br>(if not a | or implementing the am   | endment if not cont   | ained in the amen                     | dment itself;                         |
| provisions f<br>(if not a | or implementing the am   | endment if not cont   | ained in the amen                     | dment itself:                         |
| provisions f<br>(if not a | or implementing the am   | endment if not cont   | ained in the amen                     | dment itself;                         |
| provisions f<br>(if not a | or implementing the am   | endment if not cont   | ained in the amen                     | dment itself;                         |
| provisions f<br>(if not a | or implementing the am   | endment if not cont   | ained in the amen                     | dment itself;                         |
| provisions f<br>(if not a | or implementing the am   | endment if not cont   | ained in the amen                     | dment itself;                         |
| provisions f<br>(if not a | or implementing the am   | endment if not cont   | ained in the amen                     | dment itself;                         |
| provisions f              | or implementing the am   | endment if not cont   | ained in the amen                     | dment itself;                         |
| provisions f<br>(if not a | or implementing the am   | endment if not cont   | ained in the amen                     | dment itself;                         |
| provisions f<br>(if not a | or implementing the am   | endment if not cont   | ained in the amen                     | dment itself;                         |
| provisions f<br>(if not a | or implementing the am   | endment if not cont   | ained in the amen                     | dment itself;                         |



| , ,   |  |                                |                         |                   |
|---|--|--------------------------------|-------------------------|-------------------|
| The date of each amendmen                           | (s) adoption: 04/09/2014   | 14 APR 16                      | AM 11: 24               | if other than the |
| date this document was signed                       | •  | a. a= as a see an are 6.13     | VINE STATE              |                   |
| Effective date if applicable:                       | 04/09/2014   | SEURLIAR<br>TALLAHASS          | Y OF STATE<br>RELECTION |                   |
|   | (no more than 90 days  | after amendment file date)     |                         |                   |
| Adoption of Amendment(s)                            | (CHECK ONE)  |                                |                         |                   |
| The amendment(s) was/weby the shareholders was/weby | re adopted by the shareholders. The numberer sufficient for approval.                  | er of votes cast for the amend | dment(s)                |                   |
|   | re approved by the shareholders through void for each voling group entitled to vote se |                                |                         | -                 |
|   | cast for the amendment(s) was/were suffic  |                                |                         |                   |
| by  |  | ,,,                            |                         |                   |
| *   | (voting group)   |                                |                         |                   |
| The amendment(s) was/wer action was not required.   | re adopted by the board of directors withou  | t shareholder action and sha   | reholder                |                   |
| The amendment(s) was/wer action was not required.   | re adopted by the incorporators without sha  | reholder action and shareho    | lder                    |                   |
| Dated_4/11  | /2014  |                                |                         |                   |
| Signature   | Spin & Quick   | <b>,</b>                       |                         |                   |
|   | ly a director, president or other officer - if   |                                |                         |                   |
|   | elected, by an incorporator – if in the hands  | of a receiver, trustee, or oth | er court                |                   |
| a   | ppointed fiduciary by that fiduciary)  |                                |                         |                   |
|   | Iris L. Quish  |                                |                         |                   |
|   | (Typed or printed r  | name of person signing)        |                         |                   |
|   | President/Director   |                                |                         |                   |
|   | (Title of po   | rson signing)                  |                         |                   |