P1300000 3120

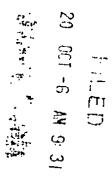
(Requestor's Name)
(Address)
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	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Palm Coast</u>	if the Bearnes Keal Estate		
DOCUMENT NUMBER: P130000			
The enclosed Articles of Amendment and fee are submit	ted for filing.		
Please return all correspondence concerning this matter	to the following:		
7 Florida Park Palh Coast,	the Beaches Keal Estate Firm/Company Dr N, Ste C Address		
For further information concerning this matter, please ca	all:		
Catherine Evans Name of Contact Person	at (386) 338 - 4242 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made paya			
Certificate of Status	\$3.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment

	10
Articles of l	ncorporation
	of

Palm Coast & the Beaches K	eal Estate
(Name of Corporation as currently filed with	h the Florida Dept. of State)
P13000003120	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Paits</i> Articles of Incorporation:	rofit 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," "company," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profession chartered," "professional association," or the abbreviation "P.A."	or "incorporated" or the abbreviation "Corp.," onal corporation name must contain the word
B. Enter new principal office address, if applicable:	Torida Park Drive, N
(Principal office address MUST BE A STREET ADDRESS)	ite C
Pal	m Coast, Fl 32137
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address: Name of New Registered Agent	orida, enter the name of the
(Florida street address	
New Registered Office Address: (City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and a	ccept the obligations of the position.
	%
Signature of New Registered	Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

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.

<u>X</u> 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	$\overline{\vee}$	Jeremy tombier	288 Southlake DR St. Augustine, FC
Add			
Remove			32097
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional s	ding additional Article (heets, if necessary).	(Be specific)			
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			<u> </u>		
	<u>-,</u>				
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<u></u>					
					
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n amendment	provides for an excha	nge, reclassificati	on, or cancellation	on of issued shares	
ovisi <u>ons for im</u>	plementing the amend	<u>dment if not conta</u>	ained in the ame	ndment itself:	•
(if not applied	able, indicate N/A)				
					
 -	<u> </u>				
			<u>.</u>		
					

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file de	ate)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirempartment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without share	reholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amendates.	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 10 3	2/2020	
	rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee,	
	ed fiduciary by that fiduciary)	or other court
	Catherine Evans	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	