P13000004591

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	
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SEGRETARY OF STATE PALLAHASSEE, FLORIDA

C. LEWIS NOV 6 2013 EXAMINER

COVER LETTER

TO: Amendment Secondivision of Corp				
NAME OF CORPO	RATION: Proper	ty Know H	0004591	
			000 (3.11	
	of Amendment and fee are su			
Please return all corre	spondence concerning this ma	tter to the following:		
	Rob	Keeler		
		Name of Contact Person	1	
		Firm/ Company		
	5224 Wes	+ SR 44	Ste 210 771	
		Address	77/	
	Santu	City/ State and Zin Code	/ / (
	B 3 11 6 1	abkeeler 67	Ogmail.con	
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
R	b Keeler	at (<u>32 (</u>) 2772192 de & Daytime Telephone Number	
Name	of Contact Person	Area Co	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	□\$52.50 Filing Fee Certificate of Status	
0	Certificate of Status	(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy	
			is enclosed)	
<u>Ma</u>	iling Address	Street	<u>Address</u>	
	endment Section		Iment Section	
	ision of Corporations . Box 6327		on of Corporations Building	
	ahassee, FL 32314	2661 E	xecutive Center Circle	
		Tallah	assee, FL 32301	

Articles of Amendment to

13 NOV -4	PM	1:46
SECRETARY FALLAHASSE	OF (TALE DRIBA

	Articles of Incorporation	FALL ALLARY OF STALL
PII	of	FALLAHASSEE, FLORIS
	now How CRE only filed with the Florida Dept. of Si	
		iate)
	ber of Corporation (if known)	
(Document Num	ber of Corporation (it known)	
ursuant to the provisions of section 607.1006, I Articles of Incorporation:	Florida Statutes, this Florida Profit Co.	rporation adopts the following amendment(
If amending name, enter the new name of	the corporation:	
		The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation " ord "chartered," "professional association," o	"Corp," "Inc," or "Co". A profession	
Enter new principal office address, if appl	licable:	
rincipal office address <u>MUST BE A STREE</u>		
		
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	
	 	
If amending the registered agent and/or re new registered agent and/or the new regis		ter the name of the
	itered office address;	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changin	ng Registered Agent:	
vereby accept the appointment as registered as	gent. I am familiar with and accept the	e obligations of the position.
Signature	e 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.

Example: X Change	PT John D	Ooe	
X Remove	<u>V</u> <u>Mike</u> J	Jones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		Robert Calistri	3025 Wister Cir
Add Remove			Valrico, FL 33596
2) Change		Luis E. Riesgo	Valrico, FL 33596 148 Saxony Dr.
Add			Delrey Beach, FL 33444
3) Change			
Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

ttach additional sheet.	additional Arti s, if necessary).	(Be specific)			
,		n/a				
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an amendment prov provisions for implem	enting the amer	ange, reclass	ification, or ca contained in	ancellation of i the amendmen	ssued shares, at itself:	
(if not applicable,	indicate N/A)					
		n /	4		 	
	· · · · · · · · · · · · · · · · · · ·					

APPROVED AND FILED

·	13 NOV -4 PM 1:4 Fman the
The date of each amendment(s) adoption: date this document was signed.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Effective date if applicable:	TENNISSEE, FLORIDA
(no more than 90 da	ys after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	nber of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were sur	fficient for approval
by(voting group)	"
(voting group)	
The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without saction was not required.	shareholder action and shareholder
Dated Bet 31,2013	_
Dated Oct 31,2013 Signature Mania Lind	
(By a director, president or other officer – selected, by an incorporator – if in the har appointed fiduciary by that fiduciary)	
Manica	d name of person signing)
(Typed or printe	d namé of person signing)
<u>PS7</u>	-
(Title of	f person signing)