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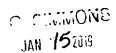
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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DANJO MANAGE	ED EXECUTIVE PROPER	RTIES, INC.
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	condence concerning this ma	tter to the following:	
	VICTOR J. TROIANO, ESQ	UIRE	
-		Name of Contact Person	n
	TROIANO & ROBERTS, P.,	A.	
-		Firm/ Company	
	317 S. TENNESSEE AVENU		
-		Address	···
	LAKELAND, FL 33801		
-		City/ State and Zip Cod	c
darrin	@danjoproperties.com		
	- • • •	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
VICTOR J. TROIANO)	at (<u>863</u>	686-7136
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section Islands of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation of

(Name)	of Corporation as currently filed wi	th the Florida Dept. of State)	
P13000026042	A COLDSTRUCT AS COLLECTION OF	, meriorida isepti or coate	
	(Document Number of Corporat	ion (if known)	
Pursuant to the provisions of section 607	•	rofit Corporation adopts the following amo	endment(s) te
its Articles of Incorporation:	1000, 110/1da Statutes, title 110/1da 1	aya corpuration adopts the tottowing and	addition (a)
A. If amending name, enter the new na	ime of the corporation:		
			new
name must be distinguishable and con	tain the word "corporation," "com	pany," or "incorporated" or the abbrev	iation
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa		professional corporation name must conta	in the
мони спинетей, ризусьяюти измоси	atm, or the time eviction 1.21.	حتب المناسبة	
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
		-7	
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)			
(Matting duaress MAT BE A FOST	<u> </u>		<u> </u>
D. If amending the registered agent ar	d/or registered office address in Flo	rida, enter the name of the	
new registered agent and/or the ne-			
At CAL Date A	DARRIN SCOTT BROWN		
Name of New Registered Agent			
	931 SOUTH FLORIDA AVENUE		
	(Florida street address		
New Registered Office Address:	LAKELAND	33803 , Florida	
	(City)	(Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist	ered agent. I am familiar with and a	ccept the obligations of the position.	
		1	
	X/MI Scott	112m	
	Signature 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	<u>PT</u> <u>John</u>	Doe	9
X Remove	<u>V</u> <u>Mik</u>	2 Jones	ر د . د .
			t -~1
X Add	<u>SV</u> <u>Sally</u>	<u>/ Smith</u>	<u> </u>
Type of Action (Check One)	Title	<u>Name</u>	Address : •
1) Change	P/D	DANIEL B. KIEHL	420 CANTERWOOD DRIVE
Add			MULBERRY, FL 33860
X Remove			
2) Change	VP/S/T	MARY JO KIEHL	420 CANTERWOOD DRIVE
Add		<u> </u>	MULBERRY, FL 33860
X Remove			
3) Change	P/D	DARRIN SCOTT BROWN	5070 HANOVER LANE
X Add			LAKELAND, FL 33813
Remove			
4) Change	VP/S/T/D	KRISTI KINSEY BROWN	5070 HANOVER LANE
X Add			LAKELAND, FL 33813
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
	· · · · · · · · · · · · · · · · · · ·
	
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	r .
f an amendment provides for an exchange, reclassification, or ca	ancellation of issued shares,
provisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	the amendment itself:
(g not appreniate that the second	
<u> </u>	
	<u> </u>

The date of each amendment(s) adop	otion:	, if other than the
date this document was signed.	ARY 1, 2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	ek does not meet the applicable statutory filing requirements, this date writnent of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	9
"The number of votes cast for	the amendment(s) was/were sufficient for approval	(m) (m
by	,``	1
	(voting group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	80 :11 KW
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	Û8
JANUARY 1,	2019	
DatedSignature	Day Solt Ba	
(By a dire- selected, b	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
Da	ARRIN SCOTT BROWN	
-	(Typed or printed name of person signing)	
PF	RESIDENT	
_	(Title of person signing)	