## 113000046931

(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Sec Division of Con			
NAME OF CORPO	RATION: Central Florida's R	oyal Realty	
DOCUMENT NUM	BER: P13000046931		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Abigail Moore		
		Name of Contact Person	1
	Royal Realty		
		Firm/ Company	
	6144 Half Moon Dr.		
		Address	· · · · · · · · · · · · · · · · · · ·
	Port Orange, Fl 32127		
		City/ State and Zip Cod	e
Sell	myhome@royalrealtyrealestate	.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Abigail Moore		at ( 386	366-7080
Name	Name of Contact Person Area Code & Daytime Telephone Numb		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)
Ma	niling Address	Street	Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

## **Articles of Amendment Articles of Incorporation**



16 SEP 16 PM 1:55

			- Approximately and a limit
	of Corporation as currentl	y filed with the Florida	a Dept. of State)
Central Florida's Royal Realty			
	(Document Number of	f Corporation (if known)	)
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpora	tion adopts the following amendment
If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont 'Corp.," "Inc.," or Co.," or the design vord "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional c	ncorporated" or the abbreviation
B. Enter new principal office address,	if annlicable:	6144 Half Moon Dr	•
Principal office address MUST BE A S		Port Orange, FL 32	127
. Enter new mailing address, if appli	icable.		
(Mailing address MAY BE A POST)			
). If amending the registered agent an new registered agent and/or the new			he name of the
	new registered agent and/or the new registered office address:  Abigail Moore		
Name of New Registered Agent			
	(Florida et	reet address)	
	6144 Half Moon Dr., Port	ŕ	32127
New Registered Office Address:		(City)	, Florida(Zip Code)
		•	• •
New Registered Agent's Signature, if c hereby accept the appointment as regist			igations of the position.
	_		
$\mathcal{L}^{0}$	Signature of New I		
WAXII	Signature of New 1	Registered Agent if cha	noino

Signature of New Registered Agent, if changing

If amending the Officer's 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:	, unu sui	iy Smuri, Sv us uri Aua.	
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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Deanna Greenwood	1907 palmetto Ave
Add			S Daytona Fl 32119
X Remove			
2) Change	PS	Abigail Moore	409 Tudor Way
X Add			Port Orange, FL 32129
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			

(Attach additional sheets, if necessar)	Articles, enter change(s) here: y). (Be specific)		
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. If an amendment provides for an e	vehange reclassification or conc	allation of issued shapes	
provisions for implementing the a	mendment if not contained in the	amendment itself:	
/ · / 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	)	<del></del>	
(if not applicable, indicate N/A)	,		
(ij noi applicable, indicate N/A'	,		
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• •	9/8/2016	
The date of each amendment late this document was signed.		, if other than the
Effective date <u>if applicable</u> :	9/8/2016	
	(no more than 90 days after amendment file da	ite)
	his block does not meet the applicable statutory filing requirement Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the are sufficient for approval.	mendment(s)
	e approved by the shareholders through voting groups. The follow d for each voting group entitled to vote separately on the amendm	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and	d shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	reholder ,
9/8/20 Dated	16	
Signature <del>✓</del>	aligie Moore	
(B	y a director, president or other officer – if directors or officers hav lected, by an incorporator – if in the hands of a receiver, trustee, o pointed fiduciary by that fiduciary)	
	Abigail Moore	
	(Typed or printed name of person signing)	
	President Secretary	
	(Title of person signing)	