## P1300052350

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: BAY AREA RENTALS INC. DOCUMENT NUMBER: P13000052350 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES MAYES Name of Contact Person BAY AREA RENTALS INC. Firm/ Company 2420 ENTERPRISE RD. SUITE 200 Address CLEARWATER, FL 33763 City/ State and Zip Code jim@hometruste.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 804-7842

Area Code & Daytime Telephone Number JAMES MAYES Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BAY AREA RENTALS INC.				
(Name of Corporation as currently	filed with the Florida Dep	t. of State)		
P13000052350				
(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florida Pro</i>	fit Corporation adopts the	following a	mendment(s) to
A. If amending name, enter the new name of the	corporation:			
SILVERSTONE PROPERTY M.	ANAGEMENT CO	ORP.	Ti	he new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp," "Inc," or "Co". A pr		r the abbr	eviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL				
		***************************************		ಹ
				©
C. Enter new mailing address, if applicable:			50 m 50 kg	
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u></u>		1919-19 1918:	
				<del></del>
	<u></u>			သ
D. If amending the registered agent and/or regist new registered agent and/or the new registere		ida, enter the name of the		
Name of New Registered Agent				
	(Florida street address)			
	(1 ioriuu sireet uuuressy			
New Registered Office Address:	(City)	, Florida(Zip (	Code)	
	,	( <b>r</b>	,	
New Registered Agent's Signature, if changing Relatereby accept the appointment as registered agent.	egistered Agent: I am familiar with and acc	cept the obligations of the p	osition.	
Signature of l	New Registered Agent, if cha	inging		

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
4) Change		<del>-</del>		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
5) Change				
Add	•	_		
Remove				
6) Change				
Add				<del> </del>
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.  9/30/13  Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.	)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature  (By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of arreceiver, trustee, or other cour	t
appointed fiduciary by that fiduciary)	
James Mayes	
(Typed or printed name of person signing)	
President	
(Title of person signing)	