## P13000085733

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Hope Realty Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James N. Good Name of Contact Person Hope Realty Inc Firm/ Company 172 Cowpen Ln. Address Sarasota, FL. 34240 City/ State and Zip Code jamesngood@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filling Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

**Street Address** 

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

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## Articles of Amendment to Articles of Incorporation of

	**	
Hope Realty Inc		رکم ا
(Name of Corporation	n as currently filed with the Florida Dept. of State)	12
P13000085733		1
(Docume	ent Number of Corporation (if known)	1
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	amendment(
A. If amending name, enter the new name of the corp	poration:	1
Good Choice Realty Inc.		The new
	"corporation," "company," or "incorporated" or the abl "Inc," or "Co". A professional corporation name must co	breviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9	
		<del> </del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent		
<del></del>	(Florida street address)	
New Registered Office Address:	. Florida	
	(City) (Zip Co	)de)
New Registered Agent's Signature, if changing Regis	stered Agent:	
	am familiar with and accept the obligations of the position.	
Ciona	ture of New Registered Agent if changing	

ddress of each Officer Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO weld. President. Treasure Changes should be noted to change, Mike Jones led Mike Jones, V as Remove	and/or I if neces, rector tit. Presiden = Chief er, Direct l in the fo wes the c	Director being added: sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Di Financial Officer. If an officer/directo for would be PTD. bllowing manner. Currently John Doe to corporation, Sally Smith is named the V	of each officer/director being removed and ti irector; TR= Trustee; C = Chairman or Clerk or holds more than one title, list the first letter is listed as the PST and Mike Jones is listed as and S. These should he noted as John Doe, P	:; CEO = Chief r of each office the V. There is
E <b>xample:</b> XChange	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action Check One)	Title	<u>Name</u>	<u>Addres</u> s	
l) Change				<del> </del>
Add				<del> </del>
Remove				1
2) Change	-			<del> </del>
Add				
Remove				
3) Change				<del> </del>
Add			<del> </del>	<u> </u>
Remove				<u> </u>
4) Change				
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove			<del></del>	1
6) Change		_		
Add				
Remove				

tach additional sheets, if necessary). (Be specific)	<u>here</u> :	
		· · · · ·
		_
******		
an amendment provides for an exchange, reclassificatio	n, or cancellation of issued shares,	
rovisions for implementing the amendment if not contain	ned in the amendment itself:	
(if not applicable, indicate N/A)		ĺ
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		<del></del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date	<i>‡)</i>
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the am by the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	ng statement ent(s):
"The number of votes casi for the amendment(s) was/were sufficient for approval	
by"  (voting group)	j
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	cholder
Dated 10/19/2017	
Signature	
(By a director, president or other officer - if directors or officers have	
selected, by an incorporator - if in the hands of a receiver, trustee, or	other court
appointed fiduciary by that fiduciary)	
JAMES N. Good	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	1