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TALLARKS OF STATE

NC (And) FEB 13 2014

R. WHITE

COVER LETTER

Division of Corporations			
NAME OF CORPORATION: KIM SOLOMON PA DOCUMENT NUMBER: P13000093407 / POCUMENT # 8			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Kimberly Solomon Name of Contact Person Exit Real Estate Gallery Firm/ Company 11701 San Jose Blvd Ste 21 Address Jacksonville, FL 32223 City/ State and Zip Code Kimberly Solomon 750 gmail. com E-mail address! (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Kimberty Solomon at 904 704-2445 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)			

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

Articles of Amendment to Articles of Incorporation of

FFLED: 14 FEB | 1 PM |: 27

	SFORFTADVECKER
(Name of Corporation as currently filed with the Flo	orida Dept. of State) LALLAHASSE FI (1881)
Rim Solomon f	A
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Kimberly Solomor	7 PAThe new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation To". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Exit-Real Estade Gallery 11701 SanJose Blvd Ste 21 Jacksonville, FL 32223
	Jacksonville, FL32223
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(muning unaress MAT BE A FOST OFFICE BOX)	
	same as above
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	ith and accept the obligations of the position.
Signature of New Registered As	if the anning
Signature of New Registered Ag	gent, 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>	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	Address
1) Change			
Add			
Remove		/	/
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_ /	
Add			
Remove			
5) Change			
Add			
6) Change			
Add			-
Remove			

ttach <i>additional</i> s	lding additional Art sheets, if necessary).	(Be specific)	 -		
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an amendment	<u>provides for an excl</u>	ange, reclassific	ation, or cancell	ation of issued	shares,
<u>rovisions for im</u>	plementing the ame	ndment if not co	ntained in the ar	nendment itse	<u>f:</u>
(if not applica	able, indicate N/A)				
			,		
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		/			
		/			
	/	<u>/_</u>			

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2.4.14	
Signature Kolonz	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
· · · · · · · · · · · · · · · · · · ·	
(Typed or printed name of person signing)	
(Typed or prifited name of person signing)	
Secretary	
(Title of person signing)	