

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Email Address:_		<u> </u>
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COR AMIND/RESTATE/CORRECT OR O/D RESIGN PHOENIX REAL ESTATE INVESTMENT SERVICES INC

0 Certificate of Status Û Certified Copy Page Count 05 \$35.00 Estimated Charge

MAY 2 2 2014

EXAMINER



#4939 P.002/005

Articles of Amendment to

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	Articles of Amendment to SEC! Acticles of Incorporation	it Tary ut Chlassee. T	LORID»	
	of			
PHOENIX REAL ESTATE	EINVESTMENT SER	VICES IN	<u> </u>	
(Name of Corporation as current	ly filed with the Florida Dept. of	State)		
P140	000037570	,		_
(Document Number	r of Corporation (if known)			•
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profu C	corporation ado	pts the following	g amendment(s) to
A. If amending name, enter the new name of th	e corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	lorp," "Inc," or "Co". A profess	ional corporati	on name must o	contain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)				
C. Tudan and matter address (Constrable)				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)			-
				•
D. If amending the registered agent and/or reg new registered agent and/or the new registe		enter the name	of the	
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		, Florida		_
	(Ctry)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered aga	Registered Agent: nt. I am familiar with and accept :	the obligations	of the position.	
Signature of	of New Registered Agent, if changing	ng	•	

Page 1 of 4

address of each Officer: (Attach additional sheets, Please note the officer/dii P = President; V = Vice : Executive Officer; CFO : held. President, Treasure Changes should be noted	and/or D if necess rector titl President Chief I r, Direct In the fo	tary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; TR= Tr Financial Officer. If an officer/director holds more to or would be PTD. Illowing manner. Curremly John Doe is listed as the l orporation, Sally Smith is named the V and S. These s	rustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is	
X Change	PT	John Doe	•	
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
_X Add	<u>sy</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	MS	ROCIO CUELLAR	12800 UNIVERSITY DR	
Add	•		STE #420	
Remove			FORT MYERS, FL 33907	
2) Change				
Remove				
3) Change				
Add Remove				
4) Change				
∏_Add				
Remove		:		
5) Change		<u>.</u>	·	
Add				
Remove		!	· · · · · · · · · · · · · · · · · · ·	
6) Change				
Remove				

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#4939 P.005/005

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The date of each amendment(5) as date this document was signed.	doption: 05/15/2014 LAHASSEE, PLGRIDA	, if other than the
Effective date if applicable: 05/	15/2014	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. The following statement 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	*	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 05/15/1	Qualter Much	
	irector, president or other officer - If directors or officers have not been	
	d, by an incorporator - if in the hands of a receiver, trustee, or other court	
(ppoin	ted fiduciary by that fiduciary)	
,	GINA M OCAMPO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	