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(Re	questor's Name)	
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COVER LETTER

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TO: Amendment Sect Division of Corp			△ :	THE WAS TO SHARE TO S
NAME OF CORPO	RATION: Bolcor Rea	ilty Inc	*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
DOCUMENT NUMI	D4400004000			18 14 O
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		Section Sectio
Please return all corre	spondence concerning this ma	tter to the following:		Aller
	Linda Lepore			
		Name of Contact Person	1	
	Caloosehatche T			
		Firm/ Company		
	709 Cape Coral I			
	103 Cape Corai i			
	Cape Coral, FL 3	Address 3914		
		City/ State and Zip Code	e	
linc	da.lepore@ctfs.us			
		sed for future annual report	notification)	
		·		
For further informatio	n concerning this matter, pleas	se call:		
Linda Lepore	;	at (239	, 540-2612	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	_
Enclosed is a check for	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)	
<u>Ma</u> i	iling Address	Street	Address	
	endment Section		lment Section	
	ision of Corporations . Box 6327		on of Corporations Building	
	ahassee, FL 32314		xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Bolcor Realty Inc	
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P14000049687	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	12651 McGregor Blvd.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 403
	Fort Myers, FL 33919
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12651 McGregor Blvd
	Suite 403
	Fort Myers, FL 33919
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
(Florida stre	eet 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 w	ith and accept the obligations of the position.
Signature of New Registered A	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 Y Mike Jones X Add SV Sally Smith Type of Action Title Name Address (Check One) Robert Drake 415 SW 40th Terrace Change Cape Coral, FL 33914 Add Remove Change Add Remove Change Add Remove Change Add Remove Change Add Remove

Change

Remove

Add

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f an amendment provides for an excl	sanga reclassificatio	n or cancellation of is	euad charac	
Tail allicitument provides for all exer	ndment if not contai	ned in the amendment	t itself:	
provisions for implementing the ame			· 	
(if not applicable, indicate N/A)				
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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)	
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):	<u> </u>
"The number of votes cast for the amendment(s) was/were sufficient for approval	DE T
by	F 3
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	THECH MY STATE
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	A O
Dated December 1st 2014	
Signature	
(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 liduciary by that fiduciary)	
Kristopher R Bollinger	
(Typed or printed name of person signing)	_
President	_
(Title of person signing)	