(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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DEC 7 2016 **CLEWIS** 

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: Central Property S	ales, Inc.		
<b>DOCUMENT NUMBER:</b> P14000059202				
	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ndence concerning this ma	ter to the following:		
	Kathleen M. Connor			
	Name of Contact Person			
	Central Property Sales, Inc.			
	Firm/ Company			
	860 North S.R. 434, Suite #1009			
	Address			
	Altamonte Springs, Florida 32714			
		City/ State and Zip	Code	_
kathleen	@centralproperty.manager	nent		
	E-mail address: (to be us		port notification)	
For further information co	oncerning this matter, pleas	e call:		
Kathlee	n M. Connor	407	1	
Name of 0	Contact Person	Area	Code & Daytime T	elephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of	of Status opy Copy
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	An Di Cli 26	reet Address nendment Section vision of Corporation fton Building 51 Executive Center llahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of



Central Property Sales, Inc.

2016 DEC -5 PM 1: 13

Central Froper	ty Sales, me.
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P1400005	9202
(Document Number of	(Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	N/A
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent	Λ// <del>Α</del>
Hame of Hen Hegistetet Agent	
(Florida str	eet address)
	11.0
New Registered Office Address:	// // Florida
	,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	Levith and accept the obligations of the position.
	IV/Pr
Signature of New R	legistered Agent, 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	PT John	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CEO, VI	Douglas M. Campbell	860 North S.R. 434
Add			Suite #1009
X Remove			Altamonte Springs, FL 32714
2) Change	СТО	Patrick G. Campbell	860 North S.R. 434
Add			Suite #1009
X Remove			Altamonte Springs, FL 32714
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

milacii dadiiidhai sheets. Il hecessai vi.	icles, enter change(s) here: (Be specific)
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	$\sqrt{A}$
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<u> </u>	
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I an amendment provides for an exchange of the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament it not contained in the amendment itself.
	11.0
	N/A

The date of each amendment( date this document was signed.	s) adoption:		A	refl., if other than the
Effective date if applicable:	(no more than	90 days after a	A mendment	TIVISION OF CORPORATE N
	nis block does not meet the apple Department of State's records.	licable statutory	filing req	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The sufficient for approval.	he number of vo	tes cast fo	r the amendment(s)
	e approved by the shareholders the			
"The number of votes	cast for the amendment(s) was/w	ere sufficient fo	r approval	
by	(voting group)			10
·	(voting group)			
The amendment(s) was/were action was not required.	e adopted by the board of director	rs without share	holder acti	on and shareholder
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators wi	thout sharehold	er action a	nd shareholder
No Dated	vember 28, 2016			
Signature(B	y a director, president or other off	ficer = if directo	rs or office	ers have not been
	ected, by an incorporator – if in t pointed fiduciary by that fiduciary		ceiver, tru	stee, or other court
	Kathleen M. Connor			
	(Typed or printed	d name of perso	n signing)	
	COO, VP, Director, Executi	ive Secretary		

(Title of person signing)