P14000082844

| (Re | questor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Clewis 14

| TO: Amendment Section Division of Corporations | | | | |
|--|--|--|--|--|
| NAME OF CORPORATION: SALOLS CLOICE REALTY | | | | |
| DOCUMENT NUMBER: P140000 82844 | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| LINDA RISDEN | | | | |
| Spilots REALTY | | | | |
| 4526 S KANNER Huy #369 | | | | |
| STUDET FL 34997 | | | | |
| City/ State and Zip Code LIN OA O So Flot DA hote Com E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| LINDA RUSDEN at (954) 257 6886 | | | | |
| 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) Certified Copy (Additional Copy is enclosed) | | | | |
| Mailing Address Amendment Section Street Address Amendment Section | | | | |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building | | | | |
| Tallahassee, FL 32314 Chitch Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE OLVISION OF CORPORATIONS

14 NOV 21 AM 8: 86

| (Name of Corporation as currently | filed with the Florida | Dept. of State) | | |
|---|----------------------------------|--|---------------------------------------|------------|
| SALLOW CLOIGE R | FALL INC. | = | 82844 | |
| | of Corporation (if know | | | |
| Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation: | da Statutes, this <i>Florida</i> | a Profit Corporation adop | ots the following amend | ment(s) to |
| A. If amending name, enter the new name of the c | corporation: | | | |
| | | | The n | iew |
| name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the | p," "Inc," or "Co" | | | |
| B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET AD</u> | | | · | |
| | | · | | |
| | | ************************************** | · · · · · · · · · · · · · · · · · · · | |
| C. Enter new mailing address, if applicable: | | | | |
| (Mailing address <u>MAY BE A POST OFFICE BO</u> | <u>ox</u>) | | | |
| | | | | |
| | | | | |
| D. If amending the registered agent and/or registe | wad office address in i | | - C 4 b - | |
| new registered agent and/or the new registered | office address: | riorida, enter the name (| or the | |
| Name of New Registered Agent | | | | |
| | | | | |
| | (Florida street addr | ess) | | |
| New Registered Office Address: | | , Florida | | |
| | (City) | | (Zip Code) | |
| | | | | |
| New Registered Agent's Signature, if changing Reg | gistered Agent: | | | |
| hereby accept the appointment as registered agent. | I am familiar with and | l accept the obligations of | the position. | |
| Signature of M | lew Registered Agent. it | Cahanaina | | |
| Dignuture of the | ON NORMICICA ARRIAL II | CHURYINY | | |

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 | Doe | |
|-------------------------------|--|------------------|-----------------|
| X Remove | V Mike | <u>Jones</u> | |
| X Add | SV Sally | <u>Smith</u> | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | VP, D | MARTIN T. RISDEN | 57UART FL 34997 |
| Remove | | | |
| 2) Change | | | |
| Remove 3) Change Add | | | |
| Remove 4) Change Add | | | |
| Remove 5) Change | | | |
| Add Remove | | | |
| 6) Change | and the same of th | | |
| Remove | | | |

| ttach additional sheets, if necessary) | rticles, enter change(s) (Be specific) | | |
|--|---|---------------------------------------|----------------------|
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| an amendment provides for an ex | change, reclassification | , or cancellation of is: | sued sha <u>res.</u> |
| rovisions for implementing the an | <u>nendment if not contair</u> | red in the amendment | itself: |
| | | | |
| (if not applicable, indicate N/A) | | | |
| (if not applicable, indicate N/A) | | | |
| (if not applicable, indicate N/A) | | | |
| (if not applicable, indicate N/A) | | | |
| (if not applicable, indicate N/A) | | | |
| (if not applicable, indicate N/A) | | | |
| (if not applicable, indicate N/A) | | | |
| (if not applicable, indicate N/A) | | | |
| (if not applicable, indicate N/A) | | | |
| (if not applicable, indicate N/A) | | | |

| The date of each amendment(s) adoption: | FIL SECRETARY OIVISION OF C | OF STATE | _, if other than the |
|---|---|--------------------------|----------------------|
| date this document was signed. | 4/ 401/21 | AM O. O. | - |
| Effective date if applicable: | 14 NOV 2 I | | <u> </u> |
| (no more than | 90 days after amendment file da | te) | |
| Adoption of Amendment(s) (CHECK ONE) | | | |
| The amendment(s) was/were adopted by the shareholders. To by the shareholders was/were sufficient for approval. | he number of votes cast for the ar | mendment(s) | |
| The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to | rough voting groups. The follow to vote separately on the amendm | ing statement ent(s): | |
| "The number of votes cast for the amendment(s) was/w | ere sufficient for approval | | |
| by | ** | | |
| (voting group) | | | |
| The amendment(s) was/were adopted by the board of director action was not required. | s without shareholder action and | shareholder | |
| The amendment(s) was/were adopted by the incorporators wi | thout shareholder action and shar | eholder | |
| Dated | | | |
| Signature HSy a director, prosident or other off selected, by an incorporator — if in tappointed feduciary by that fiduciary | he hands of a receiver, trustee, or | | _ |
| (Typed or | PA RISOEN printed name of person signing) | à | - |
| | P.S | Ving. | 4. -4. |
| (T | itle of person signing) | ··· di | ·, · · |