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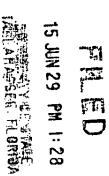
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**C McNAIR** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_\_\_ NEXUS REALTY, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GEORGE NORRIS** Name of Contact Person NEXUS REALTY, INC. Firm/ Company P.O. BOX 16118 Address PANAMA CITY, FL 32406 City/ State and Zip Code norris.george@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850 769-8889

Area Code & Daytime Telephone Number **GEORGE NORRIS** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment

			$\sim$	المقنقيني
	Articles of Incorporation	27 X 4	S	ũ.
	of	$\mathbb{Z}^n$	~~	
Nexus Realty, Inc.		273	TQ.	
				<u> </u>
( <u>Name of</u>	Corporation as currently filed with the Florida Dept. of State)	28	:2	
Nexus Realty, Inc.		PRES.	œ	
	(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this Florida Profit Corporation adopts the fol	llowing ame	endm <b>e</b> r	ıt(s) to
A. If amending name, enter the new nam	ne of the corporation:			
		The	new	
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional association.  B. Enter new principal office address, if (Principal office address MUST BE A ST.)	applicable:	the abbrev must conta	viation vin the	
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of				
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	or registered office address in Florida, enter the name of the registered office address:			
<u>-</u>		————		
	(Florida street address)			

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

Florida

(Zip Code)

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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PSTD	John David Shook	435 Oak Avenue
Add			Panama City, FL 32401
X Remove			
2) Change	PSTD	Casey Matsil	435 Oak Avenue
X Add			Panama City, FL 32401
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<del></del>			
6) Change			
Add			
Remove			

f amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
	<del></del>
if an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment	(s) adoption:		if other than the
iate this document was signed	•		
and the data of amplicables	June 23, 2015		
Effective date <u>if applicable</u> :	(no more than 90 days after am	nendment file date)	
		*******************************	
	this block does not meet the applicable statutory in the Department of State's records.	filing requirements, this date v	dill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
<b>=</b>	d d t d t t (70)	· 	· · · · · · · · · · · · · · · · · · ·
by the shareholders was/we	re adopted by the shareholders. The number of vote are sufficient for approval.	ies cast for the amendment(s);	
The amendment(s) was/wer	re approved by the shareholders through voting gro	nuns. The following statement	•
	ed for each voting group entitled to vote separately		
"The number of votes	s cast for the amendment(s) was/were sufficient for	approval	
by		19	
~, <u></u>	(voting group)	·	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareho	older action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder	er action and shareholder	
Dated	6-25-15	: : :	
Signature	Cop mode		
se	by a director president or other officer — if directors elected, by an incorporator — if in the hands of a recopointed fiduciary by that fiduciary)		
	Casey Matsil		
	(Typed or printed name of person	ı signing)	
	President		
,	(Title of person signin	nale Cresconde	

I garden was mile mile of a school