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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	÷





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SECRETARY OF STATE DIVISION OF CORPORATION

Mamech 8/CC (10 4.20.15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Yeuster	Executive Realtors Inc.			
DOCUMENT NUMBER: P1500014	379			
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
Yeuster Exec 2700 Glades	Name of Contact Person Lutive Reauty Inc. Firm/Company Grele # 118 Address 33027 City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please c	_			
Teresa Malloggi - Hala Name of Contact Person	CIOS at (954) 643-760 Area Code & Daytime Telephone 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 & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Youster Execut	ive Real	tors Inc.		
(Name of Corporation as curren	tly filed with the Flor	ida Dept. of State)		_
P15000	0016379			
(Document Numb	per of Corporation (if ki	nown)	,	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Torida Statutes, this <i>Flo</i>	orida Profit Corporation ad	opts the following	ng amendment(s) to
A. If amending name, enter the new name of t	the corporation:			
Yeuster Execut	ive Rea	IN Inc		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	word "corporation," Corp," "Inc," or "Co	"company," or "incorpo ". A professional corpora		abbreviation
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)				_
				-
C. Enter new mailing address, if applicable:				- OIVIS
(Mailing address MAY BE A POST OFFICE	E BOX)			NISION TELLETE SECURITOR IN
				- R
		7 - 10		- - 3960
D. If amending the registered agent and/or reg	gistered office address	in Florida, enter the nam	e of the	五整
new registered agent and/or the new regist				
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:	-	, Florida_		_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with	and accept the obligations	of the position.	
	<u>-</u>			
Signature	of New Registered Age	nt. 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	-		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u>"</u>	· · · · · · · · · · · · · · · · · · ·
re 1 13e	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/10/15	
Signature Terris Mallogs Pallaciof.	
(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 fiduciary by that fiduciary)	
Tersa Malloggi-Palacios (Typed or printed name of person signing)	
(Typed or printed hame of person signing)	
President	_
(Title of person signing)	