P15000017969

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
	,	,
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<u> </u>		_
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PALM POINTE R	EAL ESTATE INC				
DOCUMENT NUME			·			
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Kevin Mecabe					
		Name of Contact Persor	1			
	PALM POINTE REAL ESTATE INC					
	Firm/ Company 103 S US Hwy 1 Ste E-1					
	Address					
	JUPITER, FL 33477					
		City/ State and Zip Code	e			
Kevir	@FICoastalLiving.com		1/			
	-	ed for future annual report	notification)			
For further information Kevin Mecabe	n concerning this matter, pleas		\$29-37 4 4			
Name o	of Contact Person	at (Area Co) 529-3744 de & Daytime Telephone Number			
	the following amount made					
■ \$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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

PALM POINTE REAL ESTATE INC		
(Name of Corporation	as currently filed with the Florida Dept. of State)	
P15000017969		
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of the corp	oration:	
All For One Realty Inc		71
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abi	"corporation," "company," or "incorporated" or the c "Inc," or "Co". A professional corporation name must	The new ubbreviation contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)	20
	<u> </u>	
C. Enter new mailing address, if applicable:		1 granare
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u> </u>	<u> </u>
		: 5
		a <u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, enter the name of the	
	ice address.	
Name of New Registered Agent		_
		_
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip	Code)
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered agent. I ar	m familiar with and accept the obligations of the position.	
Signatur	re of New Registered 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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).				
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	 _			
an amendment provides for an exchai	ge, reclassification	, or cancellation	of issued shares,	
orovisions for implementing the amend (if not applicable, indicate N/A)	ment if not contain	ed in the amend	ment itself:	
(y not appacaoie, maicate wa)				
	 			
			·	
			-	

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
May I 20 Dated		
select	director, president or other officer – if directors or officers have not been red, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	_
	Kevin Mecabe	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	