## PK0000644992

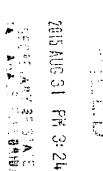
(Re	equestor's Name)	
(Ac	idress)	1,
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SEP 0.1.2015 C. CARROLDET

## **COVER LETTER**

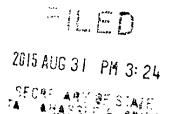
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**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: SLEEPY PROPER	RTY MGT, INC	
	UMBER:		
The enclosed Arti	icles of Amendment and fee are su	abmitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
	MARYBETH PHILLIPS-MO	CCRAW	
		Name of Co., act Person	1
	SLEEPY PROPERTY MGT	, INC	
		Firm/ Company	
	PO BOX 1148		
	Address		
	HOMOSASSA, SPRINGS, I	FL 34447	
		City/ State and Zip Code	<del></del>
		•	
_	E-mail address: (to be u	sed for future annual report	notification)
For further inform	nation concerning this matter, plea	se call:	
MARYBETH PH	IILLIPS-MCCRAW	at (	257-5373
Na	ame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	ck for the following amount made	payable to the Florida Depa	urtment of State:
\$35 Filing Fe	e S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



SLEEPY PROPERTY MGT, INC

(Name of Corporation as current)	filed with the Florida Dept. of State)
P15000064992	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this atts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "or "or "or "or "or "or "or "or "or	The new n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
word "chartered." "professional association," or the abbreviation "	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
/	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar v	vith and accept the obligations of the position.
Signature of New R	egistered 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)

Example:

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> <u>J</u>	Iohn Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u> s	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P	TROY CAL MATTHEWSON	10333 E GOBBLER DR
Add			FLORAL CITY, FL 34436
Remove			
2) X Change	VP	Bonita S Hackbarth Amonte	10333 E GOBBLER DR
Add			FLORAL CITY, FL 34436
Remove			
3 ) Change	<del></del>		
Add			
Remove			
4) Change	<del>,,,,,</del>		
Add			
Remove			
5) Change			
Add			
Remove			
O Character			
6) Change	<del></del>		
Add			
Damova			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)			
N/A			
			<u> </u>
	1		
• • •			* * * * * * * * * * * * * * * * * * * *
<del></del>			
			<del></del>
F. <u>If ar</u>	ovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
N/A	(if not applicable, indicate N/A)		
• 4r # \$			

The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	······································
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendme ficient for approval.	nt(s)
	oved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	emeni
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	29	
<i>oy</i>	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	sted by the board of directors without shareholder action and shareholder	older
■ The amendment(s) was/were adopt action was not required.	nted by the incorporators without shareholder action and shareholder	
AUGUST 2	3, 2015	
DatedSignature	MBONPhoneco	
` '	ector, president or other officer - if directors or officers have not be	
	, by an incorporator – if in the hands of a receiver, trustee, or other ordinary by that fiduciary)	ourt
ī	MARYBETH PHILLIPS-MCCRAW	
-	(Typed or printed name of person signing)	<del></del>
•	TRES	
<b></b>	(Title of person signing)	<del></del>