## P15000078426

(Requestor's Name)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORE	Stacy Brown Real PORATION:			,
DOCUMENT NU	P15000078426 MBER:			
	les of Amendment and fee are su			
Please return all co	prrespondence concerning this ma	atter to the following:		
	Stacy Brown			
		Name of Contact Pers	son	
	Stacy Brown Realtor Inc			
		Firm/ Company		-4
	7313 Edenville Dr.			
		Address		<del>_</del>
	Sarasota, FL 34243			
	<del>(</del>	City/ State and Zip Co	ode	
sta	acybrownrealtor@gmail.com			
	E-mail address: (to be u	sed for future annual repo	ort notification)	
For further informa	ation concerning this matter, plea	se call:		
Stacy Brown			809-1318	
Nar	ne of Contact Person	at ( Area C	) Code & Daytime Telephone Num	ber
	c for the following amount made			
□■ \$35 Filing F	ee □\$43.75 Filing Fee & □\$43 Certificate of Status	Certified Copy	O Filing Fee Certificate of Status	
	(Additional copy is	Certified Copy	enclosed)	d) (Additional Cop

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

Sta	acy Brown Realtor Inc	
	(Name of Corporation as current)	y filed with the Florida Dept. of State)
Ρl	5000078426	
	(Document Number of	f Corporation (if known)
	rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A.	If amending name, enter the new name of the corporation:	
Flo	orida Life Mobile Home Sales Inc.	五 五
or "p B. (P.	st be distinguishable and contain the word "corporation," "comports." or the designation "Corp," "Inc," or "Co". A professional rofessional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  rincipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	The second secon
D.	If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent	<u>s:</u>
	(Florida str	reet address)
	New Registered Office Address	Florida

(City)

(Zip Code)

		re, if changing Registered as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
*			
Signature of New Registered Agent, if changing			New Registered Agent, if changing
If amonding the Office	4/2		Page 1 of 4 and name of each officer/director being removed and title, name, and
address of each Offic (Attach additional shee Please note the officer. P = President; V= Vic Executive Officer; CFC President, Treasurer, I Changes should be not change, Mike Jones le	er and/or E ets, if necess /director title ce President O = Chief F Director wo red in the followers we seed the columns	Director being added: sary) le by the first letter of the offit; T= Treasurer; S= Secreta linancial Officer. If an officer wild be PTD. llowing manner. Currently J	
X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<del></del>		
Add			
Remove			
2) Change			
Add			
Remove			<del></del>
3) Change			

Add

Remove

4)	Change				
	Add				
<del></del>	Remove				
5)	Change				
	Add				
_	Remove				
6)	Change			· · · · · ·	
	Add				<del></del> -
	Remove				
		Page 2 of 4			
	dditional sheets, if necessar	y). (Be specific)			
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1 4

		ovides for an exchange, reclassification, or cancellation of ions for implementing the amendment if not contained in the	
	ent itself:		
			***************************************
		- Water Commence of the Commen	<del></del> -
	<u></u>		<del></del>
		Page 3 of 4	
	each amendm document was	ment(s) adoption:s signed.	_ , if other than
Effective da	te <u>if applicabl</u>	ole:	
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	e listed as the
Adoption of	Amendment(	t(s) (CHECK ONE)	
☐ The amendment(		s) was/were adopted by the shareholders. The number of votes cast for the shareholders was/were sufficient for approval.	
☐ The statement amendment(	must be sepa	s) was/were approved by the shareholders through voting groups. The following parately provided for each voting group entitled to vote separately on the	
ı "Th	ne number of vo	votes cast for the amendment(s) was/were sufficient for approval	
by		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		(voting group)	
☐ The am action was n		vas/were adopted by the board of directors without shareholder action and shareholder	•
☐ The		s) was/were adopted by the incorporators without shareholder action and shareholder	

February 27, 2017	
Pated	
( ) ( ) ( ) -	
ignature / / / /	
By a director, president or other officer - if directors or officers have not been	
elected, by an incorporator if in the hands of a receiver, trustee, or other court	
ppointed fiduciary by that fiduciary)	
Stacy Brown	
(Typed or printed name of person signing)	
President	

(Title of person signing)

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