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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Coldwell Banker Commercial Crown Group, Inc. NAME OF CORPORATION:

P15000083801 **DOCUMENT NUMBER:** 

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Sue Levy

Name of Contact Person

Firm/ Company

23245 Oak Prairie Circle

Address

Sorrento, FL 32776

City/ State and Zip Code

karen.levy@coldwellbanker.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (\_\_\_\_\_\_ 636-6579 Karen Sue Levy ) Area Code & Daytime Telephone Number

Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□S43.75 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 Tallahasses, FL 32301



# FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2015

KAREN SUE LEVY 23245 OAK PRAIRIE CIRCLE SORRENTO, FL 32776

SUBJECT: COLDWELL BANKER COMMERCIAL CROWN GROUP, INC. Ref. Number: P15000083801

We have received your document for COLDWELL BANKER COMMERCIAL CROWN GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000017397 - CROWN GROUP, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 915A00025573

www.sunbiz.org

Division of Corporations - P.O. BOX 6397 - Tallahasson, Florida 39314



# FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2015

KAREN SUE LEVY 23245 OAK PRAIRIE CIRCLE SORRENTO, FL 32776

SUBJECT: COLDWELL BANKER COMMERCIAL CROWN GROUP, INC. Ref. Number: P15000083801

We have received your document for COLDWELL BANKER COMMERCIAL CROWN GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 415A00024062

www.sunbiz.org

**Articles of Amendment** ta Articles of Incorporation of

Coldwell Banker Commercial Crown Group, Inc.

### (Name of Corporation as currently filed with the Fiorida Dept. of State)

P15000083801

(Document Number of Corporation (if known)

ALCONTRACTOR Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

#### A. If amending name, enter the new name of the corporation:

Commercial Crown Group, Inc.

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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 address in Florida, enter the name of the new registered agent and/or the new registered office address;

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

(Zip Code)

Florida

The new

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

# 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	PT	John Doe	
X Remove	X	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		) <b></b>	
Add			
Remove			·····
2) Change	<b>.</b>		
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E. If amanding or adding additional Artic	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specifia)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) .

The date of each amendment date this document was signed,	(8) adoption:	, if other than the
Effective date <u>if aunileatie</u> :	(no more than 90 days after amendment file date)	-
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amondmoni(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
The amendment(s) was/were must be separately provide	approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cost for the amendment(s) wos/were sufficient for approval	
by	(voling group)	•
The anicodmont(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wars aution was not regulred.	adopted by the incorporators without shareholder action and shurcholder	
Deted	1-10-15	
sel	An all and a start of the start	-
	Karen Sue Levy	
	(Typed or printed name of person signing)	-

President

(Title of person signing)

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