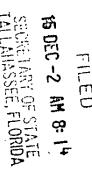
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{S}{L}$	UNSHINE, LAK	ES AND LAND REALTY	, INC.		
	0095287				
The enclosed Articles of Amendmo	ent and fee are su	ibmitted for filing.			
Please return all correspondence co	oncerning this ma	tter to the following:			
SUE CLAR	K				
	Name of Contact Person				
		Firm/ Company			
479 LAKE	APTHORPE DR	•			
LAKE PLA	CID, FL 33852	Address			
		City/ State and Zip Cod	e		
SUE@SUECLAR	.K.ORG	•			
E-mail	address: (to be u	sed for future annual report	notification)		
For further information concerning	this matter, pleas	se call:			
SUE CLARK		at (<u>863</u>	441-0969		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following	ng amount made	payable to the Florida Depa	artment of State:		
	'5 Filing Fee & Cicate 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SUNSHINE, LAKES AND LAND REALTY, INC.

(Name o	of Corporation as curren	tly filed with the Florida Dept.	of State)
P15000095287	-		
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation add	opts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
LAKE AND LAND REALTY OF HIGH	ILANDS, INC.		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporat	rated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S			
Trincipal office address MOST BE AS	IREEI ADDRESS)	N/A 	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
			
D. If amending the registered agent an new registered agent and/or the new			e of the
Name of New Registered Agent	N/A		
			
	(Florida s	treet address)	
New Registered Office Address:			Florida
new negative of the markets.		(City)	(Zip Code)
<u>New Registered Office Address:</u> New Registered Agent's Signature, if c	hanging Registered Agen	(City)	Florida(Zip Code)
l hereby accept the appointment as regist			
			PEC PEC
			-
<u></u>	Signature of New	Registered Agent, if changing	
			10 8:
			<u> </u>

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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
l)Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
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)
N/A

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date velocument's effective date on the Department of State's records.	vill not be listed as the
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)	
(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 December 1, 2015 She B- Clark	
Signature Sue B- Clark	
(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)	 -
SUE B. CLARK	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	