P1500096209

(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	e #)	
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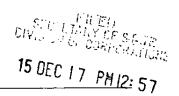
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OZA REALTY IN	C			
DOCUMENT NUMB					
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	nondence concerning this ma	tter to the following:			
I	LUCIE NOVAKOVA				
-		Name of Contact Person			
(OZA REALTY INC				
-		Firm/ Company			
1	PO BOX 1400				
-		Address	· · · · · · · · · · · · · · · · · · ·		
1	NOKOMIS FL 34274				
-		City/ State and Zip Code			
INFO	@OZAREALESTATE.COM				
	<u>-</u>	sed for future annual report	notification)		
For further information ZUZANA SHAW	concerning this matter, pleas	se call: at (483-6748		
Name o	f Contact Person	at (Area Coo	le & 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amendi Division Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of

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



OZA REALTY INC

P15000096209 (Document Number of Corporation (if known) 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: The new 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." 1740 EAST VENICE AVE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) UNIT 5 VENICE, FL 34292 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 309 STONE BRIAR CREEK DR (Florida street address) VENICE , Florida New Registered Office Address: (Citv) (Zip Code)

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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	V	ROBERT CALISTRI	2406 STATE RD 60 E	
X Add			UNIT 592	
Remove			VALRICO FL 33595	
2) Change	S	ZUZANA SHAW	309 STONE BRIAR CREEK DR	
X Add			VENICE FL 34292	
Remove				
3) Change	<u>T</u>	ALBERT GORDON SHAW	309 STONE BRIAR CREEK DR	
X Add			VENICE FL 34292	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific) ·
<u> </u>	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y mir appricanse, maioare mir)	

ϵ_{i} , ϵ_{j}	DECEMBER 15, 2015	
The date of each amendment(s) a		, if other than the
date this document was signed.	CONVINCE AS ASSET	
DE Effective date <u>if applicable</u> :	CEMBER 15, 2015	
<u>ii applicable</u> .	(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 epartment of State's records.	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	<u> </u>
	(voting group)	ज 📆
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	15 DEC 17 PH 12: 57
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	PH 12:
DECEME	ER 16, 2015	2
DatedSignature	Au de Satora	_
(By a	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
арроі	nted fiduciary by that fiduciary)	
	LUCIE NOVAKOVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	