## P1600034695

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S. YOUNG

## **COVER LETTER**

O: Amendment Section Division of Corporations

Tallahassee, FL 32314

AME OF CORPOR	ATION: SOLUTIONS REA	LTY OF TAMPA. INC.	<u>-</u> .
OCUMENT NUMB	P16000024695		
he enclosed <i>Articles e</i>	of Amendment and fee are sul	bmitted for filing.	
lease return all corres	pondence concerning this mat	ter to the following:	
	KATHERINE MENICHINO		
•		Name of Contact Perso	n
	SOLUTIONS REALTY OF T	TAMPA, INC.	
•	<u>-</u>	Firm/ Company	<del></del>
	904 E HENRY AVENUE		
		Address	
	TAMPA, FLORIDA 33604		
	<del>.</del>	City/ State and Zip Coo	de
VATI	HY@ZOROHOMES.COM		
	•	sed for future annual repor	I notification)
	is man address, fro or us	To, rome tomatic topol	,,
or further information	concerning this matter, pleas	se call:	
ATHERINE MENIC	CHINO	at (	232-3900
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number
nclosed is a check for	r the following amount made j	payable to the Florida Dep	partment of State:
\$35 Filing Fee	☐\$43.75 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)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amen Divisi	t Address dment Section on of Corporations n Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

OLUTIONS REALTY OF TAMPA, INC. (Name of Corporation as currently filed with the Florida Dept. of State) 16000024695 (Document Number of Corporation (if known) ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to s Articles of Incorporation: i. If amending name, enter the new name of the corporation: ame 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 ord "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> ) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ). 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: New Registered Agent's Signature, if changing Registered Agent: 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

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ddress 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:

> = 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 eld. President, Treasurer, Director would be PTD.

Thanges 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 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, Like Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
ype of Action Theck One)	Title	<u>Name</u>	Address
Change	VP	SYLVIA GHEEN	904 E HENRY AVE
Add			TAMPA, FL 33604
X Remove			
Change	<u>v</u>	JANE C. RAYMONDS	904 E HENRY AVE
X Add			TAMPA, FL 33604
Remove			
) Change			
Add			
Remove			
) Change			
Add			
Remove			
Change			_
Add			
Remove			
) Change			
Add			
Remove			<u> </u>

. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) he (Be specific)	<u>ere</u> :	
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. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, on the name of the	or cancellation of issued d in the amendment itsel	shares, f:
NA .			
			<del></del>
		<u> </u>	
	·	<u> </u>	

2/1/18	, if other than the
The date of each amendment(s) adoption:late this document was signed.	, it office that the
Effective date if applicable:	
(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 discurrent's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
3 The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	lent
"The number of votes east 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 sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
DatedSignature	
(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 couppointed fiduciary by that fiduciary)	
THOMAS MENICHINO	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)