P1600033653

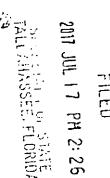
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(Address)				
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C. GOLDEN

JUL 2 4 2017

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: Nugget Realty Inc.			
DOCUMENT NUMBER: P16000033653			
The enclosed Articles of Amendment and fee are sub-	bmitted for filing	멸.	
Please return all correspondence concerning this mat	tter to the follow	ring:	
Joseph Edge			
	Name of Cor	itact Per	son
The Taxshoppe of SLC Inc			
	Firm/ Co	ompany	
932 SW Bayshore Blvd		,	
	Addı	ress	-
Port St Lucie, FL 34983			
	City/ State ar	ıd Zip C	ode
Taxshoppefla@aol.com			
E-mail address: (to be us	1 C C		
E-man address: (to be ds	sed for future am	nuai repi [ort notification)
For further information concerning this matter, pleas	se call:		
Elizabeth Hauck	at (772	932-4787
Name of Contact Person	,	Area	Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Fl	 orida De 	epartment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filin Certified Co (Additional enclosed)	ору	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Ame Divi Cliff 266	ret Address endment Section ision of Corporations ton Building Executive Center Circle ahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2017 JUL 17 PM 2: 26

Nugget Realty Inc	1377 002 77 177 2.28
(Name of Corporation as currently fil	ed with the Florida Dept. of State) 11 UI JIALL
Nugget Realty Inc P16000033653	3
(Document Number of Co	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	Thenew
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co" 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, onton the name of the
new registered agent and/or the new registered office address:	m Florida, enter the name of the
Name of New Registered Agent	<u> </u>
(Florida street a	ddress)
New Registered Office Address: (Cit	(V) (Zip Code)
TC-47	(Ep.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 Regis	tered Agent, if changing

address of each Officer : (Attach additional sheets, Please note the officer/dit P = President; V = Vice : Executive Officer; CFO : held. President, Treasure. Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D if necess rector titl President = Chief I r, Directo in the for	irector be ary) e by the fi ; T= Trea- inancial or would b llowing m orporation	eing added: irst letter of the office title: usurer; S= Secretary; D= L Officer. If an officer/direct be PTD. anner. Currently John Doe n, Sally Smith is named the	irector; TR= Tru or holds more th ks listed as the P:	irector being removed and title, name, and astee; $C = Chairman \ or \ Clerk; \ CEO = Chief$ an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is nould be noted as John Doe, PT as a Change,
Example: <u>X</u> Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>uith</u>		
Type of Action Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change	D	_	Cory Walsh		466 SE Langfield Avenue
Add					Port St Lucie FI 34984
X Remove					
2) Change					
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add	,				
Remove			ł		
S) Change		_			
Add					

Remove

E. If amending or adding additional Articles, enter change(s) here	e:
(Attach additional sheets, if necessary). (Be specific)	-
	
F. If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained	cancellation of issued shares, in the amendment itself:
(if not applicable, indicate N/A)	

	July 14, 2017	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
	7, 2014	
Effective date if applicable:	(no more than 90 da	vs after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suf		aber of votes cast for the amendment(s)
	roved by the shareholders through each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):
	or the amendment(s) was/were suf	ficient for approval
by		
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adopaction was not required.	nted by the incorporators without	shareholder action and shareholder
Dated	1 If In Han	
selected	rector, president or other officer -	if directors or officers have not been ds of a receiver, trustee, or other court
	Elizabeth Hauck	
-	(Typed or printed name	e of person signing)
	President	
•	(Title of pe	rson signing)