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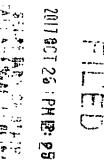
(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NUGGET REALT	Y INC			
DOCUMENT NUM	BER: P16000033653	- 	· · · · · · · · · · · · · · · · · · ·		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
,	ELIZABETH HAUCK				
		Name of Contact Person	n		
	NUGGET REALTY INC				
		Firm/ Company			
	944 SW BAYSHORE BLVI)			
		Address			
	PORT ST LUCIE FL 34983				
		City/ State and Zip Cod	e		
TAX	XSHOPPEFLA@AOL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
ELIZABETH HAUCK		at () 932-4787 de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)		
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			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

٦٥			
NUGGET REALTY INC			
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P16000033653			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this F_0 its Articles of Incorporation:	lorida Profit Corporation adopts the fol	llowing ar	nendment(s) to
A. If amending name, enter the new name of the corporation:			
		Τl	he new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name	the abbre	eviation
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	1		21
		<u> </u>	5 7
C. Enter new mailing address, if applicable:		magin Than	~
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u>• </u>
		:	
		, in .	നു .മ
D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address:	ss in Florida, enter the name of the		
Name of New Registered Agent			
(Florida stree	et address)		
New Registered Office Address:	, Florida City)	(Zip Coa	Jal
ין	_ (iy)	(Zip Cou	(e)
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the pos	ition.	

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	$\underline{\mathbf{y}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	ALBERT J LEAVITT	2436 SE WISHBONE ROAD
X Add	_		PORT ST LUCIE FL 34952
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Remove			
6) Change			
Add			
Remove			

ttach udditional sheets, if necessary).	cles, enter change(s) (Be specific)			
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di can era				
f an amendment provides for an exc	hange reclassificati	on, or cancellation	of issued shares,	
provisions for implementing the amo	endment if not contr	ined in the ameno	lment itself:	
(if not applicable, indicate N/A)				

	OCTOBER 20, 2017	, if other than the
The date of each amendment(s) addate this document was signed.	•	
OCI Effective date <u>if applicable</u> :	OBER 20, 2017	
Effective date if applicable.	(no more than 90 days after amendment	file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast fo Ticient for approval.	or the amendment(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	e following statement amendment(s):
	for the amendment(s) was/were sufficient for approva	I
by		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder act	tion and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action a	and shareholder
ОСТОВЕ	20, 2017	
Dated	FIII 600 H	
(By a d	irector, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	cers have not been rustee, or other court
	ELIZABETH HAUCK	
	(Typed or printed name of person signing)
	PRESIDENT	

(Title of person signing)