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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON: Nichola Offic	cer Realtor, P.A.	····			
DOCUMENT NUMBER:	P16000067499					
The enclosed Articles of Art	nendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this matter to the following:						
Nichola Officer						
	Name of Contact Person					
NT:						
<u> </u>	chola Officer Realto	Firm/ Company				
264	40 Huron Way	· ······ Company				
40	10 IIdion way	Address				
3.7	771	<del> </del>				
Mı	ramar, Florida 33025					
		City/ State and Zip Code				
nikkiyourrealtor@gmail.com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Nichola Officer		at ( 954	) 662-7362			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department 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

Nichola Officer Realtor, P.A.			
(Name of Corporation as cu	rrently filed with the Flor	rida Dept, of State)	
P16000067499			
(Document Num	nber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corpo</i>	pration adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the corporation	Dn:		
Nichola Officer, P.A.			The new
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevia	" or "Co". A professiona		
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		, the name of the	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		r the name of the	
Name of New Registered Agent			_
(Flor	rida street address)		ATTACK
New Registered Office Address:		, Florida	
New Registered Agent's Signature, if changing Registered A Thereby accept the appointment as registered agent. I am fam	(City)	SECRE	ip Code)
nereoy accept the appointment as registered agent. 1 am jam	иниг wun una ассері іпе о	pugations of the position of STA	- <b>5</b>
Signature of	New Registered Agent if ch	ionging 🗆 🖂	

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 <math>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 De	<u>De</u>	
X Remove	Y	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		And Mary Laurell and control of the
Add				
Remove				
2) Change		_		
Add		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		<del>_</del>		
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	ending or adding additional Art an additional sheets, if necessary).	. (Be specific)	
· ,———			
<u>lf an a</u>	amendment provides for an excisions for implementing the amount of the implement of the indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
<u>provi</u> (į			
<u>provi</u> (į			
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The date of each amendment(s) date this document was signed.	doption: 1st May, 2017	, if other than the
Effective date if applicable:	1st May, 2017	
<del> </del>	(no more than 90 days after o	amendment file date)
Note: If the date inserted in this document's effective date on the I		y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were as by the shareholders was/were	opted by the shareholders. The number of vufficient for approval.	votes cast for the amendment(s)
	proved by the shareholders through voting greach voting group entitled to vote separate	
"The number of votes cas	t for the amendment(s) was/were sufficient for	or approval
by	(voting group)	"
☐ The amendment(s) was/were action was not required.	opted by the board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were action was not required.	opted by the incorporators without sharehold	der action and shareholder
Signature(By a	May, 2017  director, president or other officer – if directed, by an incorporator – if in the hands of a r	
	nted fiduciary by that fiduciary)	everyor, a delice, of only court
	Nichola Officer	
	(Typed or printed name of person	on signing)
	President	
	(Title of person sign	nino)