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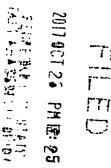
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NUGGET REAL	TY REFERRAL NETWORK INC
DOCUMENT NUMBER: P16000070801	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
ELIZABETH HAUCK	
NUGGET REALTY INC	Name of Contact Person
	Firm/ Company
944 SW BAYSHORE BLV	* *
	Address
PORT ST LUCIE FL 3498	3
	City/ State and Zip Code
TAXSHOPPEFLA@AOL.COM	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	
Name of Contact Person	at (772) 932-4787
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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

NUGGET REALTY REFERRAL NETWORK INC

(Name of Corporation as currently	filed with the Florida Dept. of State)	,_,,	
P16000070801		•		
(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the fo	ollowing	amendr	nent(s) to
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name	the ab		on
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)		Men Agen	2017 807 25	- Tì
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the name of the	10000000000000000000000000000000000000	FH 18: 25	
Nume of New Registered Agent				
(Florida street	address)			
New Registered Office Address:	, Florida_			
(C	ity)	(Zip Co	ode)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the po	sition.		
Signature of New Reg	istered 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	VP		CORY WALSH	466 SE LANGFIELD AVENUE
Add				PORT ST LUCIE FL 34984
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				<u> </u>

ttach <i>additional</i>	sheets, if necessary).	(Be specific)			
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<u>provisions for in</u>	provides for an exc pplementing the amo able, indicate N/A)	hange, reclassificendment if not co	ation, or cancells ntained in the an	ition of issued sha endment itself:	ares,
<u>-</u>					
			<u></u>		
				·	

The date of each amendmen date this document was signed	t(s) adoption:	, if other than the
Effective date if applicable:	OCTOBER 20, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date v he Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
OCT(Dated	OBER 20, 2017	
Signature	Self Con About	
Se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	ELIZABETH HAUCK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	