## P17000035170

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MAY 10 2017



## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Papa Bear Realty Inc					
DOCUMENT NUMB	ER: P17000035170				
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
1	Michele M. Adams				
-		Name of Contact Person	on		
I	Papa Bear Realty Inc				
-		Firm/ Company	<del>.</del>		
2	2345 S Coleman Ave				
_	<del>.</del>	Address			
I	łomosassa, FL 34448				
_		City/ State and Zip Co	de		
papabe	arrealtyinc@gmail.com				
	E-mail address: (to be us	sed for future annual repor	t notification)		
For further information concerning this matter, please call:					
Michele M. Adams		at (352			
Name of	Contact Person	Area C	ode & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	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)		
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

Papa Bear Realty Inc.				
(Name	of Corporation as currentl	y filed with the Florida Dep	ot. of State)	
P17000035170				
The state of the s	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following an	nendment(s)
A. If amending name, enter the new n	ame of the corporation:			
n/a			The	e new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpor	orated" or the abbre ration name must cont	viation ain the
D. Enter new principal office address	if annlingbles	n/a		
B. Enter new principal office address, (Principal office address MUST BE A S		·		<del></del>
				<del></del>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		n/a		
D. If amending the registered agent ar			me of the	
new registered agent and/or the ne	w registered office address	<u>:</u>		
Name of New Registered Agent	n/a		<del></del>	
	(Florida str	eet address)		
New Registered Office Address:	n/a		, Florida	
		(City)	(Zip Code	<del>)</del>
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	tered agent. I am familiar v		SECULIANY -5 P 4: 0 SECULIANY OF STATE TALL POTASSEE, FLORID TO THE POTASSEE, FLORID	

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	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D	_	Deborah I Dawson	6371 N MEAD TER
X Add				CITRUS SPRINGS, FL 34433
Remove				
2) Change		<del></del>		
Add				
Remove				
3) Change		-		•
Add				
Remove				
4) Change		_		<del>,</del>
Add				
Remove				
5) Change		<u></u>		
Add				
Remove				
6)Change		-		
Add				
Remove				

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

The date of each amendment(s) adoption	1/a n:	, if other than the
date this document was signed.  n/a  Effective date if applicable:		
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this dent of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(t for approval.	<b>(s)</b>
	by the shareholders through voting groups. The following statem toting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
May 2, 2017 Dated		
,		
Signature (Programme)	president or other officer – if directors or officers have not been	<del></del>
selected, by a	n incorporator — if in the hands of a receiver, trustee, or other cou	ert.
· •	iciary by that fiduciary)	
Miche	ele M. Adams	
<del></del>	(Typed or printed name of person signing)	<del></del>
Presid	ent	
<del></del>	(Title of person signing)	