P17000035170

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PAPA BEAR RE	EALTY, INC.		
DOCUMENT NUMBER: P17000035170			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
Michele M Adams			
	Name of Contact Person	n	
Papa Bear Realty Inc			
<u> </u>	Firm/ Company	 _	
8022 W Gulf to Lake Hwy			
<u>-</u>	Address	<u></u>	
Crystal River FL 34429			
	City/ State and Zip Cod	<u> </u>	
namahanan salasina Garasii.			
papabearrealtyinc@gmail.c	used for future annual report		
For further information concerning this matter, plo		634-5533	
Name of Contact Person	Area Co) 634-5533 de & Daytime Telephone Number	
Enclosed is a check for the following amount mac			
■ \$35 Filing Fee	_	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations	Amenc Divisio	Address Iment Section of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporatio	n as currently filed with the Florida Dept. of State)	
P17000035170		
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the con	rporation:	

name must be distinguishable and contain the word "con". "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbrevia or "Co". A professional corporation name must con viation "P.A."	The new ation "Corp" tain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>)		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>	
		至 二
		<u> </u>
 If amending the registered agent and/or registered new registered agent and/or the new registered or 	ed office address in Florida, enter the name of the ffice address:	59 9
Name of New Registered Agent		
Same of New Registerea Agem		
	(Florida street address)	
	ir ioriau sireet augress)	
New Registered Office Address:	Florida	in Ci. Au
	(Citio)	ip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the positio	n.
Signat	ture of New Registered Agent, if changing	

Check if applicable

⇒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = Trustec, 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{V}	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	OAKES, PHIL W	1130 W HALLS RIVER RD.
Add X			HOMOSASSA FL 34448
Remove 21 Change	D	DAVIS, ANN T	2285 S COLEMAN AVE
Add			HOMOSASSA FL 34448
X Remove 3.) Change	D	ADAMS, MICHELE M	2345 S COLEMAN AVE HOMOSASSA FL 34448
X Add			
Remove 4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) (Be specific)			
		-		
				
				
				
		 -		
an amendment provides for an exch	rango engloccifiantico			
<u>rovisions f</u> or implementing the ame	ndment if not contain	, or cancenation of led in the amendm	ont itself:	
(if not applicable, indicate N/A)			ent moen.	
·				

	August 12, 2020	
The date of each amendment(s) add date this document was signed.	pption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) licient for approval.	
☐ The amendment(s) was/were appromist be separately provided for ed	oved by the shareholders through voting groups. The following statemen such voting group entitled to vote separately on the amendment(s):	t
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by		
	tvoting group)	
August 12, 20 Dated	020	
Signaling:	alle	
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court Induciary by that fiduciary)	
Al	ichele M Adams	
_	(Typed or printed name of person signing)	
D	irector/Shareholder	

(Title of person signing)