P17000058610

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 8/3/17 DOV'S A. Campbell HITH. The Adaption

Office Use Only



800302275268

09/14/17--01026--028 **35.00

ZHH AUG Z4 AM 9: 40

Anund

AUG 24 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: NIX & ASSOCIA	ATES REAL ESTATE RE	FERRAL SERVICE INC	
DOCUMENT NUM	MBER:			
The enclosed Article	es of Amendment and fee are s	ubmitted for filing.		
Please return all con	respondence concerning this ma	atter to the following:		
	J. DAVID CAMPBELL			
		Name of Contact Perso	on	
	CAMPBELLS ENROLLED AGENTS & CO INC			
	Firm/ Company			
	405 TAMIAMI TRAIL			
		Address	·	
	PUNTA GORDA, FL 3392			
		City/ State and Zip Cod	le	
INF	O@CAMPBELLSEA.COM			
	E-mail address: (to be us	sed for future annual repor	t notification)	
	on concerning this matter, pleas	se call:		
J DAVID CAMPBE	LL OR DANNY NIX	941 at (639-0680	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Cenificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301	



August 18, 2017

J. DAVID CAMPBELL CAMPBELLS ENROLLED AGENTS & CO INC 405 TAMIAMI TRAIL PUNTA GORDA, FL 33950

SUBJECT: NIX & ASSOCIATES REAL ESTATE REFERRAL SERVICE INC

Ref. Number: P17000058610

We have received your document for NIX & ASSOCIATES REAL ESTATE REFERRAL SERVICE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 717A00017022

Division of Communities D.O. DOV 0997 Mellaharana Elizabe 2091

Articles of Amendment to Articles of Incorporation of

NIX & ASSOCIATES REAL ESTATE REFERRAL SERVICE INC

(Name of Corporati	on as currently	filed with the Florid	a Dent of Stat	(a)	
P17000058610	<u> </u>	med with the Florid	a Dept. of Otal	<u>(c)</u>	
(Docum	nent Number of	Corporation (if known	ı)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this F	Florida Profit Corpora	ntion adopts the	following amend	ment(s) to
A. If amending name, enter the new name of the co	rporation:				
				The n	ow.
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	" "Inc," or "C	'o''. A professional c	ncorporated" (corporation nam	or the abbreviati	on
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x</u>)			BIT AUG 24	FILE
If amending the registered agent and/or registered new registered agent and/or the new registered of the	ed office addres office address:	s in Florida, enter th	e name of the	9: 40	D
Name of New Registered Agent					
	(Florida street	address)			
New Registered Office Address:		ity)	, Florida_	(Zip Code)	
	U	пу		(ZIP Code)	
New Registered Agent's Signature, if changing Regis	stored Agents				
hereby accept the appointment as registered agent. I	am familiar witi	h and accept the oblig	ations of the po	sition.	
Signal	ture of New Rea	istered Agent, if change	nina		

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name.	<u>Addres</u> s
1)Change	V S	CARLA NIX	403 SULLIVAN ST UNIT 114
Add			PUNTA GORDA FL 33950
X Remove			
2)Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

	(Be specific)
	
	
	
	
f an amendment provides for an exchar	nge, reclassification, or cancellation of issued shares,
f an amendment provides for an exchar provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
provisions for implementing the amend (if not applicable, indicate N/A)	dment if not contained in the amendment itself:
provisions for implementing the amend (if not applicable, indicate N/A)	dment if not contained in the amendment itself:
provisions for implementing the amend (if not applicable, indicate N/A)	dment if not contained in the amendment itself:
provisions for implementing the amend (if not applicable, indicate N/A)	dment if not contained in the amendment itself:
provisions for implementing the amend (if not applicable, indicate N/A)	dment if not contained in the amendment itself:
provisions for implementing the amend (if not applicable, indicate N/A)	dment if not contained in the amendment itself:
provisions for implementing the amend (if not applicable, indicate N/A)	dment if not contained in the amendment itself:
provisions for implementing the amend	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:
<u>provisions for implementing the amend</u> (if not applicable, indicate N/A)	dment if not contained in the amendment itself:

The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of porson signing)	
(Title of person signing)	