## 21700075889

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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S. TALLENT APR 2 6 2018

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: REALTYQUEST,	INC.	
DOCUMENT NUMI	BER: P17000075889		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Philip DeFronzo		
		Name of Contact Person	n
	Norcom Mortgage		
		Firm/ Company	
	38 Security Drive		
		Address	
	Avon CT 06001		
		City/ State and Zip Cod	e
nhil@	norcom-usa.com		,
pinte		sed for future annual report	notification)
	D man adaross. (to be a	sou for fatare aimaat report	
For further information	n concerning this matter, pleas	se call:	
Philip DeFronzo		at (	676-8003
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address  Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

RealtyQuest, Inc.	
(Name of Corporat	ion as currently filed with the Florida Dept. of State)
P17000075889	
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADd</u>	DRESS )
	- <del>- 3</del> 7
C. Enter new mailing address, if applicable:	15 N F
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>)X)</u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	tomee aguress.
Name of New Registered Agent	
	(Floridu street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
N. D. Lee J. C. L. M. L. D.	The Maria
New Registered Agent's Signature, if changing Registered agent the appointment as registered agent.	gistered Agent:  I am familiar with and accept the obligations of the position.
	, , , , , , , , , , , , , , , , , , , ,
Sia	nature of New Registered 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Director	Jeffrey Popick	8418 Mallards Way
XAdd			Naples FL 34114
Remove			
2) Change	<del> </del>		
Add			
Remove			
3)Change	<del></del>		
Add			
Remove			
4) Change	<del> </del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-	<u> </u>	
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	·
, h , <del> </del>	
A-d	
If an amendment provides for an exchange provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ac date this document was signed.	loption:	, if other than the
date this document was signed.  4/1/2	2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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	,11	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
4/24/2018 Dated		
Signature		
(By a ti	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	_
	Wesley Horbatuck	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	