## P17000099775

(Requestor's Name)	
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PICK-UP WAIT	MAIL
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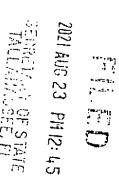
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COVERLETTER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CRELR ENTEYPYSES INC.  DOCUMENT NUMBER: P17000099775
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lisa Robinson
RE REAL COmpany  Firm/ Company
Address City/ State and Zlp Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
45a Robinson a. 813, 763-1062
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\times \$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\

Street Address
Amendment Section

Division of Corporations
The Centre of Tallahassee

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

## Articles of Amendment

	Articles of Incorporation		= n · _
CRÉLRE	- Enterprisi	SIn	<u></u>
(Name of Corpora	tion as currently filed with	the Florida Dept.	# 5645 23 PM 12: 45
7170000	79775	n Ot	ECRETE V or see
(Doc	ument Number of Corporatio	n (if known)	MALLAHASSEE, FLE
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida Pro</i>	fit Corporation ado	pts the following amendment(s) t
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word ' "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abb	c," or "Co". A profession	r "incorporated" of al corporation nan	the abbreviation "Corp.," ne must contain the word
B. Enter new principal office address, if applicat			
(Principal office address <u>MUST BE A STREET AI</u>	DDRESS )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>		
D. If amending the registered agent and/or regist new registered agent and/or the new registere		da, enter the name	of the
Name of New Registered Agent			
	(Florida street address)	-	
New Registered Office Address:		F	Florida
	(Ciţv)		(Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered agent.		ept the obligations o	of the position.

Signature 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.

Example: X Change	PT John Doc
X Remove	<u>V</u> <u>Mike Jones</u>
<u>X</u> Add	SV Sally Smith
Type of Action (Check One)	Title Name Address
1) Change	SEC Kristian & Robinson 802 W Grant St
Add	Plant City H 3850
Remove	
2) X Change	PS Christopher CRobinson 802 NGrant ST
Add	Plant CHYFL 33563
Remove 3 ) Change	
Add	<del></del>
Remove	
4) Change	
Add	
Remove	
5) Change	<del></del>
Add	
Remove	_ <del></del>
6) Change	
Add	
Remove	

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f an amendr	ment provid	des for an	exchang	ge, reclas	sification.	or cance	llation of i	sened sha	res	
<u>provisions f</u>	or impleme pplicable, in	enting the	amendn	nent if no	ot contain	ed in the	amendme	nt itself:		
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
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 application document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or b action was not required.	oard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thro must be separately provided for each voting group entitled to v	
"The number of votes east for the amendment(s) was/wer	e sufficient for approval
by	**
(voting group)	<del></del> ,
Signature  (By a director, president or other office selected, by an incorporator – if in the appointed fiduciary by that fiduciary)	hands of a receiver, trustee, or other court
(Typed or printed n	ane of person signing)
Viacin prince in	President
(Title of person sign	ning)

And the second