P170001872

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PRIME	INIVERSAL R	EALTY INC	
DOCUMENT NUMB	er: <u> P.17000_10</u>	1872		
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this matt	ter to the following:		
-	REMY HO	CG OF T Name of Contact Person		
	PRIME UNIV	ERSAL REA	LTYING	
	III N. ORAN	OGE AVE Address		
	ORLANDO, 3	City/ State and Zip Code	;	
	ADMINGPUR E-mail address: (to be us	EALTY, COM	notification)	
. For further information	n concerning this matter, pleas			
REMY	MUCQUET	at (3 & 1) 710 2053 de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	₩ \$43.75 Filing Fee & Certificate 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)	
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

	Articles of Incorporation	.
	σf	Filleu
DRINE	MIVERSAL REALT	y 2018/2015 P. Genn
(Name of Corpora	ation as currently filed with the Florid	la Dept. of State)
	0101872	
(Doc	ument Number of Corporation (if knows	1)
Pursuant to the provisions of section 607.1006, Flor ts Articles of Incorporation:	ida Statutes, this Florida Profit Corpora	ation adopts the following amendment(
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	rp," "Inc," or "Co". A professional	incorporated" or the abbreviation
B. <u>Enter new principal office address, if applical</u> Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
 If amending the registered agent and/or registered agent and/or the new registered. 		the name of the
Name of New Registered Agent		
	(Florida street address)	
	•	
New Registered Office Address:	(62)	, Florida(Zip Code)
	(City)	(Zip Coae)
New Registered Agent's Signature, if changing Is Thereby accept the appointment as registered agen		digations of the position.
	ignature of New Registered Agent, if ch	anvina

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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	_D	MARIAC VALE	NCIA IIIN OPANGE AVENUE	
Add			SUITE 300	
Remove			ORLANDO, FL 32801 U	2 (
2) Change		REHY MOCO	LUET HIN ORANGE AVENUE	
X Add			SUITE 800	
Remove			ORLANDO, FL 32801 US	
3) Change	HGR	GLICKMAN, JE	EFFREX M 13750 LU COLONIAL D	IR.
_X_Add			STE 350-311	
Remove			WINTER GARDEN, FL 34	787
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary)	ticles, enter chang (Be specific)			
	·			
	<u></u>			
		<u> </u>		
· · · · · · · · · · · · · · · · · · ·				
				
	-,,			
If an amendment provides for an ex-	change, reclassifi	cation, or cancella	tion of issued share	<u>28.</u>
provisions for implementing the a	nendment if not c	ontained in the an	endment itself:	
(if not applicable, indicate N/A)				
	<u> </u>			
		-		

ne date of each amendment(s) adoption: 0/25/2019 , if other than the
te this document was signed.
fective date <u>if applicable</u> ; (no more than 90 days after amendment file date)
(no more than 90 days after amenament file date)
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.
doption 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" (voting group)
(voting group)
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.
Dated 01 25 / 2018
Signature (By a director, president) of other officer – if directors or officers have not been
selected, by an interporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
OIRECTOR (Title of person signing)