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SECRETARY OF STATE

C. GOLDEN NAY 2 9 2018



A LIMITED LIABILITY PARTNERSHIP

1883 W. Royal Hunte Dr. Suite 200 Cedar City. Utah 84720 Phone 435-586-9366 Fax 435-586-9491 Andrea Emans, Paralegal andrea@kkoslawyers.com

May 17, 2018

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment for **Matthew McFolling Real Estate**, **Inc.** Also enclosed is a check in the amount of \$35.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours.

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Andrea Emans, Paralegal

Enclosure

FILED

Articles of Amendment to Articles of Incorporation of

2018 MAY 25 PH 1: 15

SECRETARY OF STATE
TALLAHASSEE.FLORIDA

Matthew McFolling Real Estate, Inc.

(Name	of Corporation as current	ly filed with the Florida Dept. of State)
P18000021578		
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the control of t	nation "Corp." "Inc." or "	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the 'P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		1401 SE 15th Street Apt. 302
		Fort Lauderdale, FL 33316
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		1401 SE 15th Street Apt. 302
		Fort Lauderdale, FL 33316
D. If amending the registered agent at new registered agent and/or the ne		
Name of New Registered Agent	Matthew D. McFolling	<u></u>
	1401 SE 15th Street Apt.	302
	(Florida str	reet address)
New Registered Office Address:	Fort Lauderdale	Florida 33316
		(City) (Zip Code)
New Registered Agent's Signature, if of thereby accept the appointment as revis		<u>:</u> with and accept the obligations of the position.
v, p apparament we region	ę : <i>y</i>	
. `	<u> </u>	

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	<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	<u>Name</u>	<u>Addres</u> s
1) X Change	PTSD	Matthew D. McFolling	1401 SE 15th Street Apt. 302
Add			Fort Lauderdale, FL 33316
Remove			
2) Change			
Add			<u> </u>
Remove			
3) Change			
Add			, <u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
/A			
		-	
			
	<u> </u>		
	 		
			
	14		
			
If an amendment provides for an exch	ange, reclassification, or canc	ellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained in the	amendment itself:	
(y ma appreciase, marcaic (v.r.)			
			
	······································		
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The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
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 not be listed as the document's effective date on the Department of State's records.
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 east for the amendment(s) was/were sufficient for approval
by
(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.
Signature 194 (By a director, president or other officer – if directors or officers have not been
Signature 174 V
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – it in the pands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Matthew D. McFolling
(Typed or printed name of person signing)
President
(Title of person signing)