## P18000050929

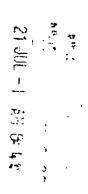
(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: GRETA OR RAY	MOND BOST INC		
	IBER: P18000050929			
	s of Amendment and fee are st	abmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	NOEL E ESCOBAR II			
		Name of Contact Perso	n	
	THE TALLY CONSULTING	G GROUP INC		
		Firm/ Company		
	1904 SW SAINT ANDREW	S DR		
	PALM CITY, FL 34990	Address		
		City/ State and Zip Cod	e	
	gretabost@gmail.com			
	= =	sed for future annual report	notification)	
for further information	on concerning this matter, plea		612-5576	
Name	of Contact Person	Area Co	) 612-5576 de & Daytime Telephone Number	
Enclosed is a check fi	or the following amount made			
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Ossiling 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

GRETA OR RAYMOND BOST INC

(Name of Corporatio	on as currently filed with the Florid	la Dept. of State)	
P18000050929			
(Docume	ent Number of Corporation (if know	n)	
Pursuant to the provisions of section 607,1006. Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpora	ution adopts the following	g amendment(s) to
A. If amending name, enter the new name of the co-	rporation:		
SUMMER WIND REALTY CENTRAL FLORIDA IN	NC		_The new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp." "Inc," "chartered." "professional association," or the abbrev	or "Co". A professional corpore	rated" or the abbreviatio ition name must contain	n "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD			
	<del></del>		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u>Y</u> )		
No. 16			<del></del>
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered of</li> </ul>		the name of the	
Name of New Registered Agent			
		•	
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip C	lođe)
New Registered Agent's Signature, if changing Regis	stered Agent		
I hereby accept the appointment as registered agent. I		igations of the position.	
			21
			21 JJ.L
Signal	ture of New Registered Agent, if char	nging	۱ ا
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 60	07.0120 (11) (e). F.S.		724 741
			Ç

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VSD	MARGARET WIGTON	2020 DUNCAN TRACE	
XAdd			DELAND, FL 32720	
Remove				
2) Change	VSD	RAYMOND BOST	2020 DUNCAN TRACE	
Add			DELAND, FL 32720	
X Remove 3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove			<u>-                                    </u>	

	heets, if necessary).	(Be specific)				
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an amenament i	rovides for an excl	<u>nange, reclassific:</u>	<u>ation, or cancella</u>	tion of issued sh	ares,	
<u>provisions for imi</u>	nementing the ame	<u>indment if not co</u>	<u>ntained</u> in the an	nendment itself:		
(ң погарриса	ble, indicate N/A)					
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	:, 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 document's effective date on the Department.	bes not meet the applicable statutory filing requirements, this date will not be listed as the nt of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted action was not required.	the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment(s) for approval.
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The following statement of the option of th
"The number of votes east for th	amendment(s) was/were sufficient for approval
by	
	(voting group)
selected, by	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)
GRE	A BOST
	(Typed or printed name of person signing)
PRES	DEN'T
<del>-</del>	(Title of person signing)