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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Brooks-Jackson Realty, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Theresa A Jackson Name of Contact Person Firm/ Company 725 Revere Avenue Address Fort Walton Beach, Florida, 32547 City/ State and Zip Code tabj69@gmaillcom E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850) 218-5825

Area Code & Daytime Telephone Number Theresa A Jackson Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Brooks-Jackson Realty, INC.	
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P19000030180	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment
A 16	
A. If amending name, enter the new name of the corporation Theresa A Jackson, Inc.	<u>in:</u>
	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the attack."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	
	7 V 2
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u> </u>
	<u> </u>
	₹ P
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office ac	
N/A	
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address: N/A	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fan	illiar with and accept the obligations 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>	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) N/A Change			
Add	ļ		
Remove			-
2) N/A Change			AAII SE
Add			CREE TO
Remove			22 2887
3) N/A Change			
Add			
Remove			ID
4) N/A Change			
Add			-
Remove			
5) N/A Change	 -		
Add			
Remove			
6) N/A Change		<u> </u>	
Add			
Remove			

(Attach additional sh	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)		
N/A			
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F. If an amendment p	ovides for an exchange, reclassification, or o	ancellation of issued shares.	
<u>provisions for imp</u>	<u>lementing the amendment if not contained in </u>	the amendment itself:	
	le, indicate N/A)		
N/A			
			

The date of each amendment	(s) adoption:	, if other than the
date this document was signed		
	November 18, 2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 20 days after amenament fre date)	
	this block does not meet the applicable statutory filing requirements, this dat he Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s ere sufficient for approval.)
	e approved by the shareholders through voting groups. The following stateme. d for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	FIL 19 NOV 22 SECREJARY
Dated Y	Therepa a Jackson, President	E GRESTA DO
Signature	Therepa a Jackson, Firesident	ŞĀ <u> </u>
(B	by a director, president or other officer – if directors or officers have not be	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	I
aŗ	prointed fiduciary by that fiduciary)	
	Theresa A Jackson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	