## P19000045556

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Dualizada Estitu Noma)	
(Business Entity Name)	
(Document Number)	<u>-</u>
Certified Copies Certificates of Status	i
Special Instructions to Filing Officer:	

Office Use Only

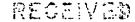


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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2021

SANDY RIEDAL 11587 ONYX CIRCLE FT MYERS, FL 33913

SUBJECT: SINGUREALTY, INC. Ref. Number: P19000045556

We have received your document for SINGUREALTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE THE ENLCOSED FORM FOR FLORIDA PROFIT CORPORATION

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 321A00008604

www.sunbiz.org

## **COVER LETTER**

**TO:** Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Singurealty, Inc NAME OF CORPORATION: \_ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sandy Riedal
Name of Contact Person Singurealty: Inc. 11587 Onyx Circle Fort Myers, FL 33913
City/ State and Zip Code Sandy @ Singureally. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sandy Riedal at (410) 937-1133

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 Previously Paid □\$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 (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment

to
Articles of Incorporation of

Singurealty, Inc	2022 HAT 24 AM 7: 19
(Name of Corporation as current	y filed with the Florida Dept. of State)
P19000045556	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
<del></del>	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 2 "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	11587 Onyx Circle Fort Myers, FL 33913
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent Sanda A.	Riedal
11587 Onyx	
New Registered Office Address: FOIT Myers	Florida 33913
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to  Andre Registered Agent Signature of New R	
Check if applicable	e second a module

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>John D</u>	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>	2 HAY 24
X Add	<u>SV</u> <u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address 19465 La Serena Drive
1) Change	CEO	<u>Kevin E, Yankow</u>	19465 La Serena Drive
Add			Estero, FL 33967
Remove			
2) Change			
Add			
Remove Change	<del></del>		
Add			
Remove			
4) Change			<del></del>
Add			<u>.</u>
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)	ىي. بەرىيەن دىرىيەن دى مىلى دىرىيەن د
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f an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained (if not applicable, indicate N/A)	

The date of each amendment(s) a	doption:		, if other than the
date this document was signed.		,·	
Effective date <u>if applicable</u> :			
	(no more than 90 days after an	nendment file date 44.7:19	
Note: If the date inserted in this bedocument's effective date on the Do	lock does not meet the applicable statutory partment of State's records.	filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of direct	tors without shareholder action and	shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of verifficient for approval.	otes cast for the amendment(s)	
	proved by the shareholders through voting greach voting group entitled to vote separately		
"The number of votes cast	for the amendment(s) was/were sufficient for	or approval	
by			
,	(voting group)		
Dated	5/13/2021 Sandra Riedal		
Signature	Sandra Riedal		
(By a d	irector, president or other officer – if directo	rs or officers have not been	_
	d, by an incorporator - if in the hands of a re	eceiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)		
	Sandra Riedal	.=	
	(Typed or printed name of perso	n signing)	
	CFO		
	(Title of person signing)		<del>_</del>