## P19000082692

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section
Division of Corporations

NAME OF CORPORAT	TION: THE MICHAEL T	RACY GROUP PA				
DOCUMENT NUMBER						
The enclosed Articles of a	Amendment and fee are sul	bmitted for filing.				
Please return all correspon	ndence concerning this man	tter to the following:				
JAI	RED D JONES CPA					
		Name of Contact Person				
JAI	RED DUONES CPAILLE					
_		Firm/ Company				
380	3807 N 12TH AVENUE					
		Address	<del></del>			
PE	PENSACOLA, FL 32503					
_	, to the second	City/ State and Zip Code				
JAI	RED@JAREDJONESCPA	A.COM				
	E-mail address: (to be us	ed for future annual report	notification)			
For further information co	neerning this matter, pleas	e call:				
JARED D JONES CPA		at (	450-8960			
Name of C	ontact Person	Area Coo	le & Daytime Telephone Number			
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	rtment of State:			
■ \$35 Filing Fee	S43.75 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)			

Street Address

Amendment Section
Division of Corporations

The Centre of Tallahassee

## Articles of Amendment Articles of Incorporation

THE MICHAEL TRACY GROUP PA					
P19000082692	tly filed with the Florida Dept. of State	<u>2</u> )			
***	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the	following amendment(s) to			
A. If amending name, enter the new name of the corporation:					
MICHAEL TRACY REALTOR, PA		The new			
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name mus	breviation "Corp", t contain the word			
B. Enter new principal office address, if applicable:	1906 E BOBE ST				
(Principal office address MUST BE A STREET ADDRESS )	PENSACOLA, FL 32503				
		2021			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1906 E BOBE ST	JUN 2			
	PENSACOLA, FL 32503	in a			
		***			
D. If amending the registered agent and/or registered office add					
new registered agent and/or the new registered office addres	<u> </u>				
Name of New Registered Agent					
(Florida s	treet address)				
New Registered Office Address;	, Florida_				
	(City)	(Zip Code)			

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent—I am familiar with and accept the obligations of the position.

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,  $\hat{V} = Vice President$ ,  $\hat{T} = Treasurer$ ; 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 Do	<u>c</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				<b>14-5</b>
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change		_		
Add				
Remove				

	rets, if necessary).	(Be specific)				
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in amendment pr	ovides for an excl	hange, reclassifica	tion, or cancellat	on of issued sha	res,	
ovisions for impl	ementing the ame	endment if not con	<u>itained in the amo</u>	endment itself:		
	e, indicate N/A)					
(if not applicabl						
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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder a	etion and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendme fficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
6/20/21 Dated	7	
selected	rector, presider or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other end of fiduciary by that fiduciary)	m ourt
	MICHAEL TRACY	
	(Typed or printed name of person signing)	<del></del>
	PVTS	
	(Title of person signing)	

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