P19 00000 83545

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(Address)
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

NAME OF CORPO	ORATION: REALGO MANAC	GEMENT COMPANY INC				
	1BER: P19000083545					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	ESLI BROWN					
		Name of Contact Person	1			
	KABA CONSULTING INC					
		Firm/ Company				
	1655 EAST HWY 50 STE #203					
	Address					
	CLERMONT, FL 34711					
		City/ State and Zip Code	2			
	PAYROLL@KABACONSU	LTING.COM				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	ion concerning this matter, pleas	se call:				
ESLI BROWN		at (³⁵²	de & Daytime Telephone Number			
Name	e of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	urtment of State:			
S35 Filing Fee	□\$43.75 Filing Fec & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
<u>M</u>	ailing Address	Street	Address			

Amendment Section

Division of Corporations

The Centre of Tallahassee



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2020

ESLI BROWN KABA CONSULTING INC 1655 EAST HWY 50 - STE. 203 CLERMONT, FL 34711

SUBJECT: REALGO MANAGEMENT COMPANY INC

Ref. Number: P19000083545

We have received your document for REALGO MANAGEMENT COMPANY 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):

The document must have original signatures.

Your legal signature is required for acceptance as a printed signature is not acceptable.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 420A00004858

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dep P19000083545 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation a its Articles of Incorporation: A. If amending name, enter the new name of the corporation:			
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> aits Articles of Incorporation: A. If amending name, enter the new name of the corporation:	adopts the follow	ving am	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> a its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	adopts the follow	ving ame	
its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	adopts the follow	zing ame	
		Ü	endment(s) t
M			
HenTech Solutions, INC.		The	new'
name must be distinguishable and contain the word "corporation," "company," or "incorporated "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation "chartered," "professional association," or the abbreviation "P.A."	" or the abbrevie name must con	ition "C tain the	orp.," word
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	in in	020	
			il
C. Enter new mailing address, if applicable:	411. 	<u>ငာ</u>	ורן
(Mailing address MAY BE A POST OFFICE BOX)		_==_	
	· :		
	<u> </u>	5	
			
D. If amending the registered agent and/or registered office address in Florida, enter the namew registered agent and/or the new registered office address:	ame of the		
Name of New Registered Agent			
(Florida street address)			
ir untau sireet uauress)			
New Registered Office Address: (City)	Florida	ip Code)	
(Слу)	(2-	ip Coller	

Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheet, Please note the officer/d P = President; V = Vice Executive Officer; CFO President, Treasurer, Di Changes should be note a change, Mike Jones le Mike Jones, V as Remov	r and/or 1 s, if neces. lirector tit e Presiden = Chief F irector wo d in the fo	Director by sary) Ite by the factor T= Tree in ancial Could be PT allowing memoration.	eing added: irst letter of the office title: asurer: S= Secretary: D= Direc Officer. If an officer/director hole D. anner. Currently John Doe is li n, Sally Smith is named the V an	tor: TR= Tru Is more than i Sted as the P.	irector being removed and title, name, and istee: C = Chairman or Clerk: CEO = Chief one title, list the first letter of each office held. ST and Mike Jones is listed as the V. There is nould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	<u>oc</u>		
X Remove	\underline{V}	Mike Jo	ones .		
X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove 3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					

____ Remove

6) ____ Change

____ Add

(Attach additional s	heets, if necessary).	cles, enter change(s) (Be specific)			
			 _		
			_		
				-	
					
. If an amendment provisions for im-	orovides for an exch plementing the ame	ange, reclassification ndment if not contain	, or cancellation of is ned in the amendmer	<u>isued shares,</u> it itself:	
(if not applica	ble, indicate N/A)				
			•		
					
					

The date of each amendment(s) add	01/01/2020		if other than the
date this document was signed.	дион. <u></u>		If other man the
Effective date <u>if applicable</u> :			
	(no more than 90 days after	rmendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the applicable statuto artment of State's records.	y filing requirements	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of dire	ctors without sharehol	der action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of icient for approval.	votes cast for the ame	ndment(s)
	oved by the shareholders through voting ach voting group entitled to vote separat		
"The number of votes cast fo	or the amendment(s) was/were sufficient	tor approval	
hy	(voting group)	·	
	(voung group)		
02/04/2020 Dated			
Signature	The state of the s	V .	
	ector, president or other officer -Jif dir&by an incorporator – if in the hands of a		
	d tiduciary by that fiduciary)		
	d tiduciary by that fiduciary) Gullermo (Typed or printed name of persons)	rego jr	

(Title of person signing)