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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	New Acre Realty,	Inc.	
DOCUMENT NUMBER: P190			
The enclosed Articles of Amenda		ibmitted for filing.	
Please return all correspondence	concerning this ma	atter to the following:	
Nicholas '	Williamson		
		Name of Contact Persor	1
New Acre	Realty, Inc.		
		Firm/ Company	
17815 Gu	nn Hwy Ste. 1		
		Address	
Odessa, F	1 3 3 5 5 6		
		City/ State and Zip Code	3
admin@newacre	realty.com		
E-ma	il address: (to be u	sed for future annual report	notification)
For further information concerning	ng this matter, plea	se call;	
Nicholas Williamson		at (\$13	447-9415
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	artment of State:
	.75 Filing Fee & ifficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

New Acre Realty, Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000093769	
(Document Number	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:	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.	"company," or "incorporated" or the abbreviation "Corp.," 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>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	X/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the
	treet address)
New Negligierea Office Hadress.	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New I	with and accept the obligations of the position. 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: XChange	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	CFO	Tamara V. Lyons	13127 Canopy Creek Dr.	
Add			Tampa F1 33625	
X Remove				
2) Change			<u> </u>	
Add				
Remove 3) Change	_			
Add			<u> </u>	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
		Page 2 of 4		
E. <u>If amending or addin</u> (Attach <i>additional shee</i>	g additio	onal Articles, enter change(s) here:		
A THUCH GATHRONG SHEE	на, у пес	essary). (Be specific)		

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		<u>.</u>
		·
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:	
7 7 7 7		
		
		
		······································
	Page 3 of 4	
	. / //	
The date of each amendment(s) adoption: _ late this document was signed.		, if other than th
Effective date <u>if applicable</u> :	201-01-2020	
	(no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder
Dated	9
selecto	director, provident or other officer – if directors or officers have not been ed by an incorporator – if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)
	Nicholas Williamson
	(Typed or printed name of person signing)
	President - CEO
	(Title of person signing)