

P2000000

41549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

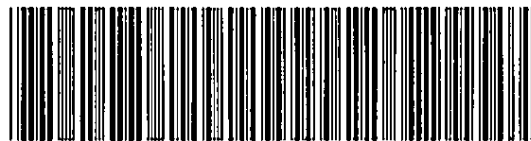
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/03/20 --01011--027 *\$35.00

2020 OCT 05 11:46

Albritton

OCT 05 2020
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INVESTORS CHOICE PROPERTY CONSULTANTS INC

DOCUMENT NUMBER: P20000041549

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL KOURY

Name of Contact Person

INVESTORS CHOICE PROPERTY CONSULTANTS INC

Firm/ Company

8011 BOW CREEK RD

Address

KISSIMMEE, FL 34747

City/ State and Zip Code

KOURYREALTY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL KOURY

Name of Contact Person

at (407)

3016865

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2020 OCT -1 11 0:12

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2020

MICHAEL KOURY
8011 BOW CREEK RD
KISSIMMEE, FL 34747

SUBJECT: INVESTORS CHOICE PROPERTY CONSULTANTS INC.
Ref. Number: P20000041549

We have received your document for INVESTORS CHOICE PROPERTY CONSULTANTS 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.

You failed to sign the form.

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: 320A00018108

*I signed the form, my check
was charged almost two months ago.
Please process my documents.*

*Thanks
Michael Koury*

INVESTORS CHOICE PROPERTY CONSULTANTS INC

P20000041549

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

1)	<input type="text"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
3)	<input type="text"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
4)	<input type="text"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5)	<input type="text"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
6)	<input type="text"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

[illegible]

07/29/2020

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by MICHAEL KOURY _____."
(voting group)

07/29/2020
Dated _____

Signature



(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MICHAEL KOURY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)