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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: COMREAL ORLA	ANDO, INC				
DOCUMENT NUMI		7				
The enclosed Articles	of Amendment and fee are su	bmitted for filing				
Please return all corre	spondence concerning this ma	itter to the following				
	JED BERMAN					
		Name of Contact Person	7)			
	INFANTINO AND BERMA		•			
		Firm/ Company				
	PO DRAWER 30	. ,				
		Address				
	WINTER PARK, FLORIDA 32790					
		City/ State and Zip Cod	¢			
	jberman@infantinoherman co	Σm				
	E-mail address (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas		644-4673			
Name o	of Contact Person	at (407)de & Daytime Telephone Number			
	the following amount made					
S35 Filing Fee	S43 75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52 50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divis P O	ing Address indiment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee Monroe Street, Suite 810 ssee, FL 32303			

Articles of Amendment to Articles of Incorporation of

COMREAL ORLANDO, INC		
(Name of Corporati	ion as currently filed with the Florida Dept. of	(State)
P20000052109		
(Docur	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607 1006, Floridatis Articles of Incorporation	a Statutes, this Florida Profit Corporation adopt	is the following amendment(s) to
A. If amending name, enter the new name of the co	orporation;	
REALCOM REAL ESTATE SERVICES, INC		The new
name must be distinguishable and contain the word "co" Inc., " or Co.," or the designation "Corp." "Inc., "chartered," "professional association," or the abbre	" or "Co" A professional corporation name	the abbreviation "Corp , "
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
	. "	202 Se
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)X)	10CT
		<i>y</i> 01
		THE STATE OF
D. It amending the registered agent and/or register new registered agent and/or the new registered		of the S
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address	, Fi	orida
	(Cuy)	(Zip Code)
New Registered Agent's Signature, if changing Reg	zistered Agent:	
I hereby accept the appointment as registered agent	I am familiar with and accept the obligations of	the position
Signo	ature of New Registered Agent, if changing	

Check if applicable

☐ 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)

Example:

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

X Change	<u>PT</u>	John Do	25	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add			•	
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add		_		
Remove				
6) Change				
-		-	T-T+-11	
Add				
Remove				

(Attach additional sh	eets, if necessary)	(Be specific)			
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. If an amendment pr	ovides for an each:	inua roelassificatia	n ar capcallation	of issued shower	
provisions for impl	ementing the amen	dment if not contain	ned in the amend	ment itself:	
(if not applicabl	e, indicate N/A)				
					
					·
·					
	<u></u>				

The date of each amendment(s) adoption:	if other than the
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 document's effective date on the Department of State's records	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required	and shareholder
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)	I
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated (7.7.)	
Signature Manufact Man	
(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 WINN	
(Typed or printed name of person signing)	
VICE-PRESIDENT	
(Title of person signing)	