P22000010331

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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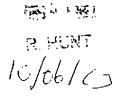
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DIVISION OF CORPORATE A



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: <u>hed Do</u>	r heal Estate GR	oup. Inc.	
DOCUMENT NUMBI	er: <u>P22000010</u>	0331	<u> </u>	
The enclosed <i>Articles o</i>	f Amendment and fee are sub	omitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
_	Corey	L. Rosc Name of Contact Person		
_	hed D	ot Real Estate G	roup, Inc.	
_	1075 Ma	Firm/ Company Lin Pt Middlebu Address	ig, FL 32068	
-	Mic	Idlebyts FL 320 City/ State and Zip Code	068	
		Rose @ coley Lha		
-	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Core	4 Rose	at (904_	386-8451	
Name o	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☑\$43.75 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)	
Ame Divis P.O.	ing Address Indment Section Ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State) P22000010331

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

A. If amending name, enter the new name of the Bose heal Estate Gray	p, Inc.		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the al	l "corporation," "company," or "incorp Inc," or "Co". A professional corpo	oorated" or the abbreviation	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		0) VISION 0 2023 OCT
D. If amending the registered agent and/or registered agent and/or the new register Name of New Registered Agent			6 PHI2: 40
new registered agent and/or the new register	red office address:		<u> </u>
new registered agent and/or the new register	red office address:		PHI2:40
Name of New Registered Agent	red office address: (Florida street address) (City) Registered Agent:	, Florida(Zip Co	PHI2:40

☐ 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)

Remove

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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change			
Add			
Remove			
2) Change			2022 2022
Add			2023 OCT -
Remove Change			
Add			PH 12: 40
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

Attach additional sheets, if necessary). (Be specific)	
	
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	₽M 12: 40
	·.·
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	Ö
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The discontinuous days was		
The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicable:	•	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wi artment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action and	d shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	Led by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		DIVÎ 2022
	(voting group)	30 E
l		9-1
Dated	4/1023	<u> </u>
Signature	1/2023 Ony Dewn Rose	OF STATE
(By a dir	ector, president or other officer – if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	0 #
арроппе	A	
_	Coney Leron Rosc	
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	