PASONShop

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Eslinger Realty Inc	2	
DOCUMENT NUM	BER: P93000034061		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Jeffery D Eslinger		
		Name of Contact Perso	n
	Eslinger Realty Inc		
	<u> </u>	Firm/ Company	
	4801 Sweetshade Dr		
	•	Address	- 1
	Sarasota Fl 34241		
		City/ State and Zip Cod	c
estin	ger.realty@gmail.com		
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Jeff Eslinger		941 at () 9159961) de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)
An Div P.C	national Address mendment Section mission of Corporations D. Box 6327 lahassee, FL 32314	Amenc Divisio Clifton	Address Intent Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Eslinger Realty In	6		
P930000 34061	tion as currently filed with the Florida Dept. of State)		
		 	
(Ďocu	ment Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the fol	llowing amendmen	nt(s) t
A. If amending name, enter the new name of the c	corporation:		
		The new	
	ord "corporation," "company," or "incorporated" or p," "Inc," or "Co". A professional corporation name e abbreviation "P.A."	the abbreviation	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) D. If amending the registered agent and/or registenew registered agent and/or the new registered Name of New Registered Agent	ered office address in Florida, enter the name of the	17 0EC -5 AM 8: 07	平层的
	(Florida street address)		
New Registered Office Address:	, Florida		
	(City)	(Zip Code)	
	I am familiar with and accept the obligations of the pos	ition.	
Sig	mature of New 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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	OS	Sandra M Eslinger	4801 Sweetshade Dr
Add			Sarasota Fl 34241
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Muach additional sheets, if necessary).	(Be specific)
 	
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desart provider for an arch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 12/1/17	
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.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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.	1
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	u
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
12/1/17 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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	