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(Re	equestor's Name)	
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PICK-UP	WAIT .	MAIL
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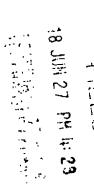




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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SLEIMAN PROP	ERTIES INC.	_	
DOCUMENT NUMI	BER:			
	of Amendment and fee are su	ıbmitted for filir	ng.	
Please return all corre	spondence concerning this ma	itter to the follo	wing:	
	Barbara Humphrey			
		Name of Co	ntact Persor	n
	Law Office of Robert A, Hed	ekin		
		Firm/ C	Company	
	1 Sleiman Parkway, Suite 28		ompan <u>s</u>	
		Ado	lress	
	Jacksonville			
		City/ State a	nd Zip Cod	e
fjohn	son@sleiman.com			v
	E-mail address: (to be us	sed for future ar	mual report	
For further information	n concerning this matter, pleas	se call:		
Barbara Humphrey		at (904	de & Daytime Telephone Number
Name (of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the F	lorida Depa	irtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fill Certified C (Additional enclosed)	ору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of

SLEIMAN PROPERTIES, INC.

(<u>Name</u>	of Corporation as curre	ntly filed with the Flo	rida Dept. of State)	
	P9300008	37854		
	(Document Number	of Corporation (if kno	own)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corp.	oration adopts the follow	ving amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	"Co". A professione		abbreviation
B. Enter new principal office address,	if applicable;	N/A		2. 00
(Principal office address MUST BE A STREET ADDRESS)				量力
				TO F
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		THE TO
D. If amending the registered agent at new registered agent and/or the ne			r the name of the	
Name of New Registered Agent	Rockford Staten			
	1 Sleiman Parkway, Sui	te 270		
	(Florida	street address)		
New Registered Office Address:	Jacksonville		. Florida 3221 <i>0</i>	1
		(City)		ip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as regis			obligations of the positio.	n
	R/IS) 		
/-	Signature of New	Registered Agent, if c	 hanging	

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> .	John Doe	
\underline{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>	Address
1) Change	COO	Robert K. White	I Sleiman Parkway, Suite 270
Add			Jacksonville, Florida 32216
X Remove			
2) Change	<u>V</u>	Michael W. Herzberg	l Sleiman Parkway, Suite 270
X Add			Jacksonville, Florida 32216
Remove			-
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	eles, enter change(s) here: (Be specific)
N/A	
	
<u></u>	
F. If an amendment provides for an exchange the amendment provides for an exchange the amendment is a transfer of the amendm	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	idment if not contained in the amendment itself:
N/A	

The date of each amendment(s) adoption:	, if other than the
late this document was signed. N/A	
Effective date <u>if applicable:</u> (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, thi locument's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	r
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
ELI T. SLEIMAN, JR.	
(Typed or printed name of person signing)	
Vice President	

(Title of person signing)