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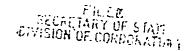
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AUG O G 2018 C MICNAIR



COVER LETTER

3818 JUL 30 AN 11: 18

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Baldwin Realty Inc.	_
DOCUMENT NUMBER: \$9300088643	_
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Olivia Jones	
Baldwin Realty Ivc.	
428 W. 4th St POBox 605	
Boxa Grande, FL 33921 City/ State and Zip Code	
Clivia ones 3330 hot mail.com E-mail address: (to be used for future annual report notification)).
For further information concerning this matter, please call:	
Olivia Jones at 941 456-128 Name of Contact Person Area Code & Daytime Telephone N	umber
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

LEGRETARY OF STATE &

Articles of Incorporation

$\overline{\mathcal{A}}$	11 -of		2010 JUL 30	AM 11: 4 #
Daldwin Rea	Ity I	nc.		
(Name of Corpor	ation as currently	filed with the Flor	ida Dept. of State)	
19300088	643	Companies (iflan		
(1)00	cument Number of C	Corporation (if knov	vn)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this F	lorida Profit Corpo	ration adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Cow word "chartered," "professional association," or t	orp," "Inc," or "C	o". A professional		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				
	<u> </u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)			
				
D. If amending the registered agent and/or regis	stered office addre	ss in Florida, enter	the name of the	
new registered agent and/or the new register	ed office address:			
Name of New Registered Agent				<u>-</u>
	(Florida stree	et address)		
New Registered Office Address:			, Florida	
to have some trade ess.	(0	City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		ith and accept the o	hlivations of the posit	tion.
Thereby decept the appointment as registered agen	i um juminur Mi	and accept the of	mguman ny me posit	
S	ignature of New Re	gistered Agent, if ch	anging	

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 Remove X Add SY Sally Smith Type of Action (Check One) 1) Change	Example: X Change	<u>PT</u> John I	<u>Doe</u>	
Type of Action (Check One)	X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
(Check One) 1)Change				
1)Change		<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Remove X Remove Y 28 W . 4 th 5 th		MGR	Brett Hendricks	428 W. 4th St. POBox 15
2) Change				Boxa Covande, FL 3392)
Remove		<u>D</u> _	John Harms	428 W. 4th St. Boca Grande F1 3392
4) Change	Remove 3) Change			
5) Change	4) Change			
6) Change	5) Change Add			
Remove	6) Change Add			

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an amendment p	rovides for an exc	change, reclassifica	ution, or cancellation	n of issued shares dment itself:	1
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<u>provisions for imp</u>	rovides for an exc plementing the am ble, indicate N/A)	change, reclassifica lendment if not cor	ation, or cancellation tained in the amer	on of issued shares adment itself:	•
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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 v document's effective date on the Department of State's records.	vill 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.	
☐ 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	
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.	
Dated 7/20/18	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporated – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Olivia Jones	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	

Fior in Department of State

Division of Corporations



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Detail by Entity Name

Florida Profit Corporation BALDWIN REALTY, INC.

Filing Information

Document Number

P93000088643

FEI/EIN Number

65-0461781

Date Filed

12/29/1993

State

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FL

ACTIVE

Status

REINSTATEMENT

Last Event

*

Event Date Filed

01/06/2014

Principal Address

428 W 4TH STREET

BOCA GRANDE, FL 33921

Mailing Address

P.O. BOX 605

BOCA GRANDE, FL 33921

Registered Agent Name & Address

ITTERSAGEN, SCOTT D

C/O BATSEL MCKINLEY ITTERSAGEN & GUNDERSON

1861 PLACIDA ROAD, SUITE 104

ENGLEWOOD, FL 34223

Officer/Director Detail

Name & Address

Title D

JONES, OLIVIA

428 W. 4TH STREET

BOCA GRANDE, FL 33921

Title P

MAUCERI, ANTHONY L

428 W. 4TH STREET

BOCA GRANDE, FL 33921

Title MGR

HENDRICKS, BRETT 428 W. 4TH STREET, P.O. BOX 1575

BOCA GRANDE, FL 33921

Title D

HARMS, JOHN 428 W. 4TH STREET BOCA GRANDE, FL 33921

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