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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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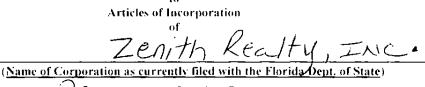
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COVER LETTER

| TO: Amendment Section Division of Corporation | | | | ANT SEP | |
|---|---|--|--|-----------------------------------|--|
| NAME OF CORPOR | ation: Zen | ith Real | ty Inc. | 中 5 5 | |
| DOCUMENT NUMB | er: <u> </u> | 000005880 | | 呈 | |
| The enclosed Articles of | of Amendment and fee are st | ibmitted for filing. | | 9 | |
| Please return all corresp | nondence concerning this ma | itter to the following: | | € 5. | |
| _ | Sarah | 1 Coffey | | _ | |
| | | Name of Contact Perso | n OIBIA | 0 / | |
| - | Zeni-l | h Realty / | The Weicher | - + Real tors - Coffey Grap | |
| | | Wells Rd. | #8 | 21,109 | |
| _ | · · · · · · · · · · · · · · · · · · · | Address | · · · · · · · · · · · · · · · · · · · | | |
| _ | Orano | ze Park, FC | 32073 | _ | |
| | \cup | City/ State and Zip Cod | le | | |
| | SCOFFE E-mail address: (to be u | EUC COFFE G GI sed for future annual report | noullication) | | |
| For further information | concerning this matter, plea | se call: | | | |
| Sava Name o | h Coffey Contact Person | at (<u>904</u> Area Co |) 215 - 4432 ode & Daytime Telephone Numb | er | |
| Enclosed is a check for | the following amount made | payable to the Florida Dep | 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) | | |
| Maili | ing Address | Street | Address | | |
| Amer | ndment Section | Ameno | Iment Section | | |
| | ion of Corporations | | Division of Corporations | | |
| | Box 6327 | | n Building | | |
| l alla | hassee, FL 32314 | 2661 1 | Executive Center Circle | | |

Tallahassee, Ft. 32301

Articles of Amendment to



(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 its Articles of Incorporation:

| 19 1 51 | The |
|---|--|
| ame must be distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." o vord "chartered," "professional association," or the abbreviatio | r "Co". A professional corporation name must contain |
| B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>) | MIA |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | NIA |
|). If amending the registered agent and/or registered office a | ddress in Florida, enter the name of the |
| Name of New Registered Agent Manual Name of New Registered Agent | |
| Name of New Registered Agent | |
| Name of New Registered Agent | i street addressi , Florida |
| Name of New Registered Agent (Elorida | i street address) |
| Name of New Registered Agent (Elorida | rstreet address) |

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

| Example: X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|-------------------|---|
| X Remove | <u> </u> | Mike Jones | |
| | | | |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | <u>P</u> | Russell m. Coffey | 524 Creighton Rd. Fleming Juland FL |
| Add | | , | Fleming - Island, FL 32003 |
| Remove | | | |
| 2) Change | <u>P</u> | Sarah E Coffey | 524 Creighton Rd. Fleming Island, FC |
| Add | | | Fleming Island FC |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| man and the first of the control of | ticles, enter change(s) here: (Be specific) |
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| f an amendment provides for an excl | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amo | endment if not contained in the amendment itself: |
| | |
| (if not applicable, indicate NA) | |
| (if not applicable, indicate NA) | |
| (if not applicable, indicate NA) | |
| (if not applicable, indicate NA) | |
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| (if not applicable, indicate NA) | |
| (if not applicable, indicate NA) | |

| The date of each amendment(s) adoption: | | , if other than the |
|---|--|--|
| date this document was signed. | | |
| Effective date if applicable: | 9-1-17 | |
| | more than 90 days after amendment fil | le date) |
| Note: If the date inserted in this block does not me document's effective date on the Department of State' | | rements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK | ONE) | |
| The amendment(s) was/were adopted by the sharely by the shareholders was/were sufficient for approximation. | | he amendment(s) |
| ☐ The amendment(s) was/were approved by the share must be separately provided for each voting group | | |
| "The number of votes cast for the amendmen | nt(s) was/were sufficient for approval | |
| by | | |
| (voting gr | roup) | |
| ☐ The amendment(s) was/were adopted by the board action was not required. | of directors without shareholder action | and shareholder |
| ☐ The amendment(s) was/were adopted by the incorpaction was not required. | porators without shareholder action and | shareholder |
| Dated9-7 | -17 | |
| Signature | rale Colly | · · · · · · · · · · · · · · · · · · · |
| | or other officer – if directors or officers nor – if in the hands of a receiver, trusto nat fiduciary) | |
| | Sarah E. Cof | Fer |
| (Type) | d or printed name of person signing) | ′ |
| | President | |
| | (Title of person signing) | |