P960009351

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(Cit	y/State/Zip/Phone	e #)
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	Real Estate Mall, Inc.					
DOCUMENT NUMBER	CUMENT NUMBER: P96000093351					
The enclosed Articles of A	Imendment and fee are sub	omitted for filing.				
Please return all correspon	dence concerning this mat	ter to the following:				
	В.	ob Coe				
	Name of Contact Person					
	Bob Coe Real Estate Inc					
		Firm/ Company				
	PO Box 833					
	Address					
	Fellsr	nere, Florida	32948			
		City/ State and Zip Code	e			
	bo	b@bobcoe.co	om			
		ed for future annual report				
For further information co	ncerning this matter, please	e call:				
Bob	Coe	_{at (} 772	₎ 559-1346			
Name of C	ontact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				
		Tallahassee, FL 32301				

Articles of Amendment Articles of Incorporation

Real Estate Mall, Inc.

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

P96000093351

(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:

must be distinguishable and contain the ," "Inc.," or Co.," or the designation "(chartered," "professional association," or	Corp," "Inc," or "Co".	A professional	'incorporated" or the a corporation name must
ter new principal office address, if applicipal office address MUST BE A STREET			
pui office unuvess <u>Most bit Astroqui</u>			
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ter new mailing address, if applicable:			
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niling address <u>MAY BE A POST OFFICE</u> mending the registered agent and/or reg	<u></u>	ı Florida, enter	the name of the
niling address <u>MAY BE A POST OFFICE</u> mending the registered agent and/or res v registered agent and/or the new registe	zistered office address in ered office address:		the name of the
niling address <u>MAY BE A POST OFFICE</u> mending the registered agent and/or reg	zistered office address in ered office address:		the name of the
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ailing address <u>MAY BE A POST OFFICE</u> mending the registered agent and/or res w registered agent and/or the new registe	zistered office address in ered office address:	dress)	the name of the Florida(Zip Code)

The date of each amendment(s) adoption: date this document was signed.	, if other than the
· ·	
Effective date if applicable: (no more than 90 days after amendment file date)	
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"	
(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.	
Dated May 7, 2014	
Signature — Poller T. Oal (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)	
Robert V Coe	
(Typed or printed name of person signing)	
President	_
(Title of person signing)	

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