

P97000023915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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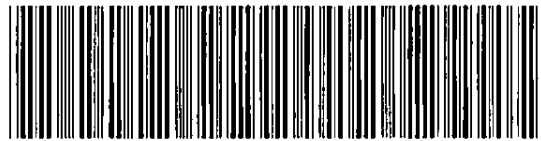
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

*Me*

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Delaplaine Realty, Inc.  
DOCUMENT NUMBER: 65-0732-806

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louise Sophie Delaplaine  
Name of Contact Person  
Delaplaine Realty, Inc.  
Firm/ Company  
90 Par DR Villa 4  
Address  
Bal Harbour, FL 33154  
City/ State and Zip Code  
sdelaplaine@me.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louise Sophie Delaplaine at 305 798 5642  
Name of Contact Person Area Code & 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

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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.

Example:

☒ Change      PT      John Doe  
  
☒ Remove      V      Mike Jones  
  
☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |             |                         |                          |
|---|-------------|-------------------------|--------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>P</u>    | <u>Renee Delaplaine</u> | <u>10 Lagorce Circle</u> |
| <input type="checkbox"/> Add                  | <u>to D</u> |                         | <u>Miami Beach FL</u>    |
| <input type="checkbox"/> Remove               |             |                         | <u>33141</u>             |
| 2) <input type="checkbox"/> Change            | <u>P</u>    | <u>Louise Sophie</u>    | <u>90 Park Dr #4</u>     |
| <input checked="" type="checkbox"/> Add       |             | <u>Delaplaine</u>       | <u>Bil Harbor</u>        |
| <input type="checkbox"/> Remove               |             |                         | <u>FL 33141</u>          |
| 3) <input type="checkbox"/> Change            |             |                         |                          |
| <input type="checkbox"/> Add                  |             |                         |                          |
| <input type="checkbox"/> Remove               |             |                         |                          |
| 4) <input type="checkbox"/> Change            |             |                         |                          |
| <input type="checkbox"/> Add                  |             |                         |                          |
| <input type="checkbox"/> Remove               |             |                         |                          |
| 5) <input type="checkbox"/> Change            |             |                         |                          |
| <input type="checkbox"/> Add                  |             |                         |                          |
| <input type="checkbox"/> Remove               |             |                         |                          |
| 6) <input type="checkbox"/> Change            |             |                         |                          |
| <input type="checkbox"/> Add                  |             |                         |                          |
| <input type="checkbox"/> Remove               |             |                         |                          |

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_

October 10, 2024  
(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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)

Dated 10-10-24

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)

RENEE DELAPLAINE

(Typed or printed name of person signing)

PRES

(Title of person signing)

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X  
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