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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
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COVER LETTER

O: Amendment Section Division of Corporations				
ame of corporation: <u>Residential Development Corporation</u> ocument number: <u>P97ØØØØ92Ø51</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
lease return all correspondence concerning this matter to the following:				
Debbie Anderson Name of Contact Person Walker Homes Firm/ Company 2415 W Price Blud Address North Port, FC 34286 City/ State and Zip Code Ron @mywalkerhome.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ron Walker at (941) 628-3563 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to

Articles of Incorporation of

Residential Development	Ccrporation villed with the Florida Dept. of State)			
(Name of Corporation as currently	v filed with the Florida Dept. of State)			
P97 ØØØØ 9 2Ø 5	_/			
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing	ameno	dment(s) to
A. If amending name, enter the new name of the corporation:	NA		The i	new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation "B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Co". A professional corporation name	the ab	brevia	tion
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N (A	FALL APA	19 JUN	_ _ _
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the		(3) (7)	
new registered agent and/or the new registered office address		∭⊊;	_w	T
Name of New Registered Agent	1 A	교실. 공학	ċi.	
		200	ਦੂ ਦ_	
(Florida str	eet address)	<u>`></u>		
None Basistand (100 or 11 bours	P1:.1_			
New Registered Office Address:	, Florida (City)	(Zip C	ode)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		ition.		

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: X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change	Title V	Corey Walker	Address 400 Spaniards Rd Placida, FL 33946
Add			Placida, FL 33946
2) Change Add Remove			
3) Change Add Remove			SHOW THE SHO
4) Change Add Remove			28 TO THE SECTION OF
5) Change Add Remove			
6) Change Add Remove	-		

. If amending or adding additional Articles, enter change(s) here:		
(Attach additional sheets, if necessary). (Be specific)		
A/V		
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. If an amendment provides for an exchange, reclassification, or cancellation of issued sha		
provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		
NIA		
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		_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
thective date <u>it 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 recoducument's effective date on the Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a	
"The number of votes cast for the amendment(s) was/were sufficient for approval	l.
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder act action was not required.	ion and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	and shareholder
Dated	
Signature (By a director, president of other officer – if directors or offic selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	istee, or other court
(Typed or printed name of person signing)	-ER SS 2
PRESIDENT (Title of person signing)	
(Title of person signing)	A STATE OF THE STA