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ル・C. C.COULLIETTE

EXAMINER

APR 20 2010

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: SCHNEL	LENBORGER PROPERTIES, I
DOCUMENT NUMBER: P970600	097789
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Tiolothy H. Sch	NE LENDER LOR
Schrellenba	CRCP Proporties IV
185 NE4D	He #305
Deleay BEACH	7/. 33485 late and Zip Code
E-mail address: (to be used for	L-SOJH, NTT Future annual report notification)
For further information concerning this matter, plea The first this matter Person Pers	se call: at (56) 251.277 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee	Standard Fee & Status Certified Copy (Additional copy is enclosed) Standard Fee Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

SCHNELLENBERC	or Per	geeties	INC		
	9776 umber of Corporation	on (if known)		dants the falls	vvino
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:		s, uns <i>Florida Froj</i> a	u Corporation a	dopts the lone	wing
A. If amending name, enter the new name HEMTWG PROPE name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pi	the word "corpo the designation "Co	pration," "company, orp," "Inc," or "Co"	'. A professiona		
B. <u>Enter new principal office address, if ap</u> (Principal office address <u>MUST BE A STRE</u>					
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF I</u>	FICE BOX)			10 APR 19 AH 5:39 SECRETARY OF STATE FALL AHASSITE FLORID	Carried and Carrie
D. If amending the registered agent and/or new registered agent and/or the new re			enter the name o	of the	
Name of New Registered Agent:					
New Registered Office Address:	(Florid	da street address)			
	(City)		, Florida (Zip Code)		
New Registered Agent's Signature, if chan- I hereby accept the appointment as registered	ging Registered As I agent. I am famil	gent: liar with and accept t	he obligations of	the position.	
_	Signature of New	Registered Agent, if c	changing		

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)

Title .	<u>Name</u>	<u>Address</u>	Type of Action
-			☐ Add ☐ Remove
			☐ Add☐ Remove
(attach d	nding or adding additional Artic additional sheets, if necessary).	(Be specific)	
<u>provis</u>	mendment provides for an exchions for implementing the amen not applicable, indicate N/A)	ange, reclassification, or cancella	ntion of issued shares, endment itself:
	1000		
No. and the state of the state			

The date of éach amendment	(s) adoption: $4/13/10$
• •	(date of ddoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer, by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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/wer	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required. Dated	re adopted by the incorporators without shareholder action and shareholder
Signature_	
	a director, president or other officer – If directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court
	pinted fiduciary by that fiduciary)
/	TIMOTHY A. SETNELLENBOREIZ
	(Typed/or ptinted name of person signing) PREST CALL
	(Title of person signing)