P92000 42015

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(Ad	dress)	
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: EDM PROPERTIES, INC.
DOCUMENT NUMBER: P 980000 42015
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person EDM PROPERTIES, INC. Firm/ Company P.O. BOX 8827 Address MAderia Beach FL. 33738 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eduara P. McLEAN at 727, 398-7948 Name of Contact Person Area Code & Daytime Telephone Number
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 Certificate of Status Certificate of Status (Additional Copy is Certified Copy enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

•		to		ى ۋى
•	Articles of	Incorporation		A Allendaria
		of		15 PARONE
EDM PROPERT	IRS, II	JC.		An Comment
(Name of Corporation as cu		he Florida Dept. of	State) 4/50	Mr. 2 p.
P 9800	004201	15	`^i	Mark 3.
	umber of Corporation			- F. F. C.
ursuant to the provisions of section 607.100 s Articles of Incorporation:	6, Florida Statutes,	this <i>Florida Profit C</i>	corporation adopts the	following amendment(s)
. If amending name, enter the new name	of the corporation	· N/A		The new
ame must be distinguishable and contain Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association	on "Corp," "Inc," e	or "Co". A profess	or "incorporated" of ional corporation nam	or the abbreviation
s. Enter new principal office address, if a Principal office address <u>MUST BE A STRE</u>		_N/A	+	
Enter new mailing address, if applicab (Malling address MAY BE A POST OF)			•	
. If amending the registered agent and/o new registered agent and/or the new re			enter the name of the	
Name of New Registered Agent	N/A			
	(Florid	a street address)		
New Registered Office Address:	NIA		, Florida	
	• (0	City)	(Zip C	Code)
lew Registered Agent's Signature, if chan hereby accept the appointment as registered			he obligations of the n	osition.
A The second of	· ···g-···· - · ···· / ···· / ····		y and p	· - · · · · · ·

Signal	tura of Nav Ragistas	ed Agent if changing	œ.	

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 <math>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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>y</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change Add Remove	PT	Edwar	O P. MCLEA	N 9966-52 ND TERRACEN. ST. Petersburg, FL. 33708
2) Change Add Remove	T	Scott W.	! CONARD	15548 Redington DRIVE RERINGTON BERCH, FL. 33708
Change Add Remove	_S_	ANN L.	CONARD	15548 Redington DRIVE REDINGTON BEACH FL. 33708
4) Change Add Remove	<u>S</u>	_ Darleve	M. MCLEAN	9966-52 TERRIEN. ST. Refereburg, FL 33708
5) Change Add Remove			<u>_:</u>	
6) Change Add Remove				

tach additional sheets, if necessary).	(Be specific)	NIA
		N/A
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	,	
		
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n amendment provides for an exchooring the amer	ange, reclassificatio	n, or cancellation of issued shares,
(if not applicable, indicate N/A)	iament ii not contai	ned in the amendment itseif:
· · · · · · · · · · · · · · · · · · ·	1 /	
	N/A	
	· • / / ·	
	771	

The date of each amendment(s) ac	loption: ////2012
Effective date if applicable:	
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
•	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	prod by the moorporators without sharemonder assessment and sharemonder
Dated	/2012
Signature	2012 D-DP.MS
(By a di	irector, president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Edward P. McLEAN (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)