P98000072246

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



600339556206

01/27/20==01009==024 **35.00

20 JAN 27 PH 1:11

FERDINALR ChickAIR

COVER LETTER

| COVER LETTER |
|--|
| TO: Amendment Section Division of Corporations |
| TO: Amendment Section Division of Corporations NAME OF CORPORATION: Alan Roberts Bealty, Inc. DOCUMENT NUMBER: P 98000072246 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Pllan Roberts Name of Contact Person |
| Allan Roberts Realty, INC. |
| 4/75 STATE ROAD 16 Address |
| Saint Augustine Florida 32092 City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Pllan Roberts at 904 825-8918 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 Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to

| | Signature of New Registered Agent, if changing | | | |
|---|--|---------------|--|--|
| | New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | | | |
| | (City) (Zip Code) | | | |
| | (Florida street address) New Registered Office Address:, Florida | | | |
| | Name of New Registered Agent | | | |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: | | | | |
| | (Mailing address MAY BE A POST OF FICE BOX) ——————————————————————————————————— | | | |
| • | C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | _ | | |
| (| B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) | | | |
| • | 'Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the 'chartered," "professional association," or the abbreviation "P.A." | " μ., word | | |
| | | new | | |
| | A. If amending name, enter the new name of the corporation: | | | |
| | Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following aments Articles of Incorporation: | ndme | | |
| | (Document Number of Corporation (if known) | | | |
| | P 98000072246 | 1. | | |
| - | (Name of Corporation as currently filed with the Florida Dept. of State) | رنہ | | |
| | Allon Roberts Realty, Inc. 5 | , | | |

N/A

'(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: PT X Change John Doe Y X Remove Mike Jones X Add SV Sally Smith Address 8 Type of Action Title Name (Check One) Camilla Roberts 4175 State Boad 16 1) ____ Change Saint Augustine X Add Florida 32092 ___ Remove 2) ____ Change ___ Add __ Remove 3) ____ Change __ Add Remove 4) ____ Change ___ Add ____ Remove 5) _____ Change __ Add Remove

. 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:

6) ____ Change

 $_$ Add

___ Remove

| (| If amending or adding additional Artic (Attach additional sheets, if necessary). | (Be specific) |
|----|--|--|
| | | |
| | | |
| | | |
| _ | | |
| _ | | |
| | | |
| _ | | <u> </u> |
| | | |
| | | |
| | | |
| | | |
| _ | | |
| _ | | |
| | | |
| | | |
| | | |
| F. | If an amendment provides for an exch | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| | (if not applicable, indicate N/A) | indment if not contained in the amendment itself: |
| | | |
| | | |
| | | |
| | | |
| _ | | |
| _ | | |
| | | |

| The date of each amendment | (s) adoption: | , if other than th |
|--|--|---|
| date this document was signed | | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file dat | re) |
| Note: If the date inserted in document's effective date on t | his block does not meet the applicable statutory filing requirement be Department of State's records. | nts, this date will not be listed as th |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/we action was not required. | re adopted by the incorporators, or board of directors without share | cholder action and shareholder |
| ☐ The amendment(s) was/we by the shareholders was/w | re adopted by the shareholders. The number of votes cast for the agere sufficient for approval. | mendment(s) |
| | re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendm | |
| "The number of vote | s cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| Dated | 1-23-2020 | |
| | Allan Roberts | _ |
| Se | by a director, president or other officer – if directors or officers have elected, by an incorporator – if in the hands of a receiver, trustee, oppointed fiduciary by that fiduciary) | |
| . | • | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |