# P980000 72762

(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	· #)		
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(Bu	isiness Entity Nan	ne)		
(Document Number)				
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DIVISION OF CORPORATIONS

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## **COVER LETTER**

**Division of Corporations** KENNARD REALTY GROUP, INC. NAME OF CORPORATION: DOCUMENT NUMBER: P980000 72762

The enclosed Articles of Amendment and fee are submitted for filing. > CHAYZ OF AMRESS ONLY

Please return all course. Please return all correspondence concerning this matter to the following: ALAN 61ADDIE

Name of Contact Person KENNARD REALTY GROUP, 745 TORRANCE DRIVE Address AND OLAKES, FL 34638
City/ State and Zip Code ALAN GADDIE & AOL. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 813 ) 293-6410

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 & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

### **Mailing Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# **Articles of Amendment**

to

Articles of Inco	rporation
KENNARD REA	LTY GROUP, INC.
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P 980000 7	2762
(Document Number of Corporation (if	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
~A	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2745 TORRANCE DR. LAND OLAKES, FL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	34638 SAME AS ABOVE
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	<u>VA</u>
New Registered Office Address:	, Florida SSIONE
(City)	(Zip Code) 7

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.

Signature of New Registered Agent, if 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)

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.

Mike Jones, V as Kemove,	, and Sal	ly Smith, S	sv as an Aaa.			
Example: X Change	<u>PT</u>	John Do	<u>e</u>			changes
X Remove	<u>V</u>	Mike Joi	<u>nes</u>		No	chry
X Add	<u>sv</u>	Sally Sm	<u>nith</u>		7 .	
Type of Action (Check One)	<u>Title</u>		Name			Address
1) Change		_	<del>.</del>			
Add				•		
Remove						
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		<del>_</del>				
Add						
Remove						
5) Change		_				
Add						
Remove						· · · · · · · · · · · · · · · · · · ·
O Character						
6) Change		<del></del>		<del>-</del>		
Add						
Remove						

	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
	j ,
	λ1 1Δ
<u>f ar</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
	(y not applicable, indicate WA)
	+ 1 / 1/
·-	N//
	NIA
	NIA
	NIA
	NIA
	N/A
	N/A
	N/A
	N/A

The date of each amendment(s) adoption:	PILED SIATE	, if other than th
date this document was signed.	SECULTARY OF STATE	
Effective date if applicable: (no more the	an 90 days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled		
"The number of votes cast for the amendment(s) was	/were sufficient for approval	
by(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting group)		
The amendment(s) was/were adopted by the board of direct action was not required.	ctors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder	
Dated		
Dated	Maddie	
	officer – if directors or officers have not been	
selected, by an incorporator - if i	n the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduci	iary)	
A	AN L. GASSIE	
(Typed	or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>