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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATEMS
OIVISION OF CORPORATIONS
12 OCT -4 PM 4: 38

OCT 0 5 2012 T. ROBERTS

COVER LETTER

Division of Corporations Associates Inc NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) 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 incorporatio	Λ	
(Name of Corporation as currently filed with the Florida De	sociales, Inc	<u>c</u> .
00000000000	Ji. OI State)	
(Document Number of Corporation (if known)		
, , ,		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pr</i> its Articles of Incorporation:	ofit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corporation:		
FIRST CLASS Realty Se	uvices Inc.	The new
name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p word "chartered," "professional association," or the abbreviation "P.A."	oany," or "incorporated" or th	ne abbreviation
B. Enter new principal office address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		
<u> </u>		
		<u> </u>
C. Enter new mailing address, if applicable:	11.	NISE NISE
(Mailing address MAY BE A POST OFFICE BOX)	N A	— 8 麗
·	•	- OF COA
		PORP
	<u> </u>	— # ORES
D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address:	rida, enter the name of the	4: 3 aff
- 1 l n		6 35
Name of New Registered Agent		
		
(Florida street address,	,	
New Registered Office Address:	, Florida (Zip Code	
(Cay)	(zip code,	,
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with and a	ccept the obligations of the positi	ion.
	I	
Signature of New Registered Agent, if cl	anging	

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.

Example: X Change	<u>PT</u>	John Do	<u>e</u> .	
X Remove	<u>v</u>	Mike Jos	nes ,	
_X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				-
2) Change		_		
Add				
Remove				*
3)Change		_		
Add				***************************************
Remove				
4) Change		_		
Add				
Remove				<u> </u>
5) Change				
Add				
Remove				
δ) Change		_		
Add				
Remove				

xacn additional sheets,	if necessary). (Be specific)		
	NIA		
			
<u> </u>			
		-	
			
	•		
an amendment nrovi	les for an eychanne reclassific	cation, or cancellation of issued shares,	
rovisions for implem	enting the amendment if not co	ontained in the amendment itself:	
(if not applicable, i	ndicate N/A)		
	- 11.0		
	<u> </u>		
	·		

		44.	

The date of each amendment(s) adoption:	10		2012
Effective date if applicable:	10/1	(20	
(no	more than 90 days aft	er amena	ment file date)
Adoption of Amendment(s) (CHECK	(ONE)		
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		of votes c	ast for the amendment(s)
☐ The amendment(s) was/were approved by the sharmust be separately provided for each voting grown			
"The number of votes cast for the amendme	nt(s) was/were sufficien	nt for app	roval
by(voting g	roup)		• 39
The amendment(s) was/were adopted by the board action was not required.	d of directors without s	hareholde	er action and shareholder
☐ The amendment(s) was/were adopted by the incoraction was not required.	porators without share	holder act	tion and shareholder
Dated	-2012		
Signature (By a director, president	or other officer - if dia ator - if in the hands of		officers have not been er, trustee, or other court
	AThy A. ed or printed name of p	Ko	ug
(Тур	ed or printed name of p		- ·
Т)	itle of person signing)		