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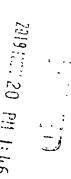
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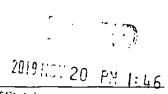
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Agents Referral N	etwork Inc.				
	BER:					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Melanie De Armas					
	Name of Contact Person					
	Agents Referral Network Inc.					
		Firm/ Company				
	12134 SW 11TH COURT M	IAMI, FL 33186				
	Address					
	Miami, FL 33186					
		City/ State and Zip Cod	e			
Mde	armas@advancerealtymiami.c	om				
-	-	sed for future annual report	notification)			
	E-man address. (to be a;	sed for future annual report	nonneadon)			
For further information	n concerning this matter, pleas	se call:				
Melanie De Armas		at (<u>305</u>	310-4562			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	urtment of State:			
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Am Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address ment Section n of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Agents Referral Network Inc.

(Name of Corporation as curre	ently filed with the	Florida Dept. of State	1-40
P99000088771		•	
(Document Number	er of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit C</i> o	orporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>.</u>		
			The new
name must be distinguishable and contain the word "corpore" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," oword "chartered," "professional association," or the abbreviation	r "Co". A professi		the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent.		nter the name of the	
Name of New Registered Agent		-	
(Florida	street address)		
New Registered Office Address:		Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili		ne obligations of the po:	sition.

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	D		Thomas Scott Cromer	7741 SW 145 ST
X Add				MIAMI Florida 33158
Remove				
2) Change	_			
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Pamova				

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
	<u>. </u>
	<u> </u>
	
·	
If an amendment provides for an exchange provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament to not contained in the amendment usen.
	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this dat epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	ı
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	u
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	19th, 2019	
Signature	Gerald N. Askowitz	
(By a c selecte	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)	
	Gerald N. Askowitz	
	(Typed or printed name of person signing)	
	President and Director	
	(Title of person signing)	