## V11131

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** CENTURY 21 GOLD MEDAL ASSOCIATES, INC. NAME OF CORPORATION: DOCUMENT NUMBER: V 1113 1 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES NORMAN CENTURY 21 GOLD MEDAL ASSOCIATES, INC. 13703-1 U.S. Hwy 19 HUDSON, FL 34667
City/State and 7 in Code Shaunda . homes @ yahoo . com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charlie J. Pault at (352) 238-6147

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 enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

CENTURY 21	GOLD MEDAL	Associates, FNC			
(Name of Corporation as currently filed with the Florida Dept. of State)					
•	V1[13]				
(Do	cument Number of Corpor	ration (if known)			

Pursuant to the provisions of section 607.100	06, Florida Statutes, this Fl	lorida Profit Corporation ado	ots the
amendment(s) to its Articles of Incorporation:			
A. If amending name, enter the new name of	of the corporation:		
			The
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc	c," or "Co". A professional c	
B. Enter new principal office address, if app			_
Principal office address <u>MUST BE A STREI</u>	ET ADDRESS )	Mr. weight	
	<del></del>		
			- NO
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	<u>::</u>		22
(Mailing address <u>MAY BE A POST OFF</u> )	<u>(CE BOX</u> )		0
			-
D. If amending the registered agent and/or		n Florida, enter the name of t	n <u>e</u>
new registered agent and/or the new reg	istered office address:		
Name of New Registered Agent:		<del> </del>	
	•		
New Registered Office Address:	(Florida street a	address)	
		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changi	na Peaistered Agent.		
		nd accept the obligations of the	

## 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)

Title _	<u>Name</u>	Address	Type of Action
BR	Charlie T. Paulk	Hudson, FL 34667	Add E Remove
<u>5</u> T	Charlie T. Paulk	18527 Hollyhock D. Hudson, FL 34667	Adel Remove
BR	Mary St. GERMAIN	12812 1st Isle Hudson, FL3466	Add Remove
	ing or adding additional Articles, entereditional sheets, if necessary). (Be specially of the Description of	cific)	<u> </u>
	•		
Title	Nome	Address	Type of Action
ST	MARY St. GERMAIN	12812 1 Tole	DO.A.D.D
		Hudson, 1=1 34667	
provisio	nendment provides for an exchange, rendment in the amendment in the applicable, indicate N/A)		
			<del> </del>

The date of each amendment	(s) adoption:	November	19	, 2010
The date of each amendment  Effective date if applicable:	(6	date of adoption is required)		,
Effective date if applicable:	<u> </u>	November	<u> 19</u>	2010
•	(no more than 90 de	tys after amendment file date	<i>)</i> '	
Adoption of Amendment(s)	(CHEC	K ONE)		
The amendment(s) was/web by the shareholders was/web			otes ca	ast for the amendment(s)
The amendment(s) was/wer must be separately provide		areholders through voting grup entitled to vote separately		
"The number of votes	cast for the amendme	ent(s) was/were sufficient for	appro	oval
by		,,		
-,	(voting group)			
The amendment(s) was/wer action was not required.  The amendment(s) was/wer action was not required.				
Dated	November	19,2010		
Signature	Charlie	19,2010 2. Paul		
		or other officer — if directors tor — if in the hands of a rece		
	ointed fiduciary by the		nver,	trustee, or other court
****	onition rinduction of the	····		
	Charlie	T. Paulk or printed name of person sig		
	(Typed	or printed name of person sig	ening	<del>)</del>
	(-) pou	Pressure treating or beautiful at	<del></del>	,
	SECR	ETARY		
	(Title of per	ETARY rson signing)		<del></del>