V2662

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On March

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: REALTEC GROUP INC.
DOCUMENT NUMBER: V26662
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALAN RILEY Name of Contact Person
REMAX REALTEC GROUP
4175 WOODLANDS PKWY
PALM HARBOR FL 34685 City/State and Zip Code
ALAN RILFY & REMAX, NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALAN RIVEY at (22) 789-5555 Name of Contact Person at (22) 789-5555 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Securificate of Status S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

REALTER	2 GROUD	1 NC	
(Name of Corporation as cur		da Dept. of State)	
V	26662		
(Document Nu	umber of Corporation (if kno	own)	
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		Florida Profit Corporation adopts the follow	wing
A. If amending name, enter the new name	of the corporation:		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "p.	he designation "Corp," "Ind	c," or "Co". A professional corporation	
B. Enter new principal office address, if a participal office address MUST BE A STRE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		TO APR 20 PM 2	n - 1
D. If amending the registered agent and/or		in Florida, enter the name the	
<u>Name of New Registered Agent:</u>	ustered office address:		•
New Registered Office Address:	(Florida street d	address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if chang			
I hereby accept the appointment as registered	agent. I am familiar with a	and accept the obligations of the position.	
<u>-</u>	Signature of New Registered	ed 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
D	ROBERT H. FA	CHTMANN 4175 WOOD PACM HAR	ANDE KEU Remove
	<u>.</u>	34685	Add Remove
	mending or adding additional Arch additional sheets, if necessary).		
pro	n amendment provides for an exvisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancella endment if not contained in the am	ntion of issued shares, endment itself:

The date of each amendment(s)	adoption: APRIL 16, 2010
Effective date if applicable:	(date of adoption is required) (or properties of the control of t
(1	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	,,,
(v	oting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
DatedA	PRIL 16, 2010
Signature (By a selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
арроп	A 1 (
-	(Typed or printed name of person signing)
	(1) ped or printed name or person signing)
	SECRETAMY
	(Title of person signing) \