V45098

(Re	equestor's Name)	
	ddress)	
(Ac	ddress)	
(Ći	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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I ALBRITTON

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corpora	ntions			
NAME OF CORPORA	11.11	ring Jay	12 Ready Oxc	
DOCUMENT NUMBE	R: <u>V 7</u>	2013		
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.		
Please return all correspo	ondence concerning this mat	ter to the following:		
_		Mane of Contact Person	<u> </u>	
_	Don	rung-Jre	Je Réarty Oux	
_		Audiess	trut South	
-	<u> </u>	City/ State and Zip Cod	34102	
	_		IEREHLTY.COM notification)	
For further information of	concerning this matter, pleas	e call:		
Wille Name of	(1) a É Étre Contact Person	at (3 3 57) Area Co		, A &
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ameno Divisio	ng Address diment Section on of Corporations tox 6327	Ameno Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

to

Artiel	les of Incorpo of	ration				
Decrun		1ruse	Real	lti S	Done .	
(Name of Corporation as		d with the F	lorida Dept.	of State)		
V 4.	5098					
(Document N		poration (if k	nown)		•	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this <i>Flori</i>	ida Profit Co	<i>rporation</i> ado	pts the follo	wing ame	ndment(s)
A. If amending name, enter the new name of the corpora	ation:					
	··					new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co" or the designation "Corp," "In word "chartered," "professional association," or the abbre	ic," or "Co".	A professio				
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u></u>					_
	_	 				
	_				용	
C. Enter new mailing address, if applicable:					== ==================================	
(Mailing address MAY BE A POST OFFICE BOX)	_			·		
				•	-1	1
	_					77.
	_				F:	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		n Florida, er	iter the name	of the	 ()	
Name of New Registered Agent						
	lorida street aa	ldress)			·	
N D : 1000 411			•	21		
New Registered Office Address:	(Citv))	, ;	Florida	Zip Code)	
					•	
New Registered Agent's Signature, if changing Registered						
I hereby accept the appointment as registered agent. I am for	familiar with a	ind accept th	e ohligations (of the positio	on.	
<u></u>						
Signature o	of New Regist	ered Agent, i	f 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> Joh	n Doc	
X Remove		ke Jones	
X Add		ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	July Louteau	180 Menuly It S-0 1300 Margus Fr 34102
Add		,	Marches Fr 34102
Remove			·
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u></u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
•	
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	· · · · · · · · · · · · · · · · · · ·
	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	···
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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 directors without shareholder action and shareho action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5 / 7 / 18	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other components of appointed fiduciary by that fiduciary)	en ourt
MICHOF	
MICHAEL LHUGHES (Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	