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Amend & N/C

B 7-1/2-19

COVER LETTEK

TO: Amendment Section. Division of Corporations

NAME OF CORPORATION: NATIONAL PROPERTY INSPECTIONS INC
DOCUMENT NUMBER: <u>P010000 25 155</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following
CARter Ber Rema (Name of Contact Person)
DATIONAL PROPERTY INSKLTTONS (Firm/Company)
8256 WINDY PINE LAND
JNUCSONVILLE, FC 32214 (City/ State and Lip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (904) 410 9495 (Area Code & Davtime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is cnclosed) (Additional Copy is enclosed) S52.50 Filing Fee Certificate of Status (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Content Address Amendment Section Division of Corporations Clifton Building 2661 Evecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of

AMOREO IS MAIL IN SERVICE SERVICES IN THE SERV

NATIONAL PROPERTY INSPECTIONS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

POLOROPO 25155

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new nam IDEAL PROPE		LecTONS	IVC
The new name must be distinguishable incorporated" or the abbreviation "Corp. Co". A professional corporation ressociation," or the abbreviation "P.A."	e and contain the v.," "Inc.," or Co.,	word "corporation " or the designation	," "company," or "Corp," "Inc," or
3. Enter new principal office address, if Principal office address <u>MUST BE A STF</u>			
Enter new mailing address, if applica (Mailing address MAY BE A POST OF			
) If amending the registered agent and/ new registered agent and/or the new	registered office add	lenee:	
Name of New Registered Agent:		(≤	Ame)
New Registered Office Address:	2981 70 (Florida) JACKSO	URN), WG (S da street address) WILLE,	Ame) <u>PAF</u> LANC , Florida 3222 , (Zip Code)
		(City)	(Zip Code)
ew Registered Agent's Signature, if cha hereby accept the appointment as regist osition.			cept the obligations of the
	Signature of New	Registered Agent if	hanaina

<u>Title</u>	<u>Name</u>	Address	Type of Acti
			GRENIOVE
			Add Remove
provi		change, reclassification, or cancell endment if not contained in the an	
provi	sions for implementing the amo		

•	7-9-79				
The date of each amendment(s) adoption:				
Effective date if applicable:					
(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	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.				
	e approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):				
"The number of votes of	east for the amendment(s) was/were sufficient for approval				
by	(voting group)				
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder				
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder				
Dated	EB 9, 2009				
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)				
	CARTER J. BEVKEWA (Typed or printed name of person signing)				
	(Title of parent signing)				