P06000091435

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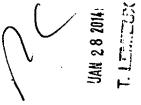
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations	and the second s			
NAME OF CORPORATION: RSW OF NW				
DOCUMENT NUMBER: P06000091435				
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter to the following:				
Rob L. Working				
360 Surveying Serv	Name of Contact Person /ices			
	Firm/ Company			
1801 Creighton Rd				
Pensacola, FL 3256	Address O4			
-	City/ State and Zip Code			
n/a				
E-mail address: (to be used	for future annual report notification)			
For further information concerning this matter, please co	all:			
Rob L. Working	at (850 <u>)</u> 380-2930			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\bigs\tag{\text{\$\subset\$}}\$	3\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

RSW OF NW FLORIDA, INC.		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P06000091435		
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Iorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
360 Surveying Services, Inc.		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must c	breviation
B. Enter new principal office address, if applicable:	n/a	
(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)	n/a	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent n/a	ss in Florida, enter the name of the	
(Florida stree	adaress)	. 3.
New Registered Office Address: n/a	, Florida	SEC SEC
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	(Zip Code) Ith and accept the obligations of the position.	THE PRETARY OF SOME OF SECTION OF
Signature of New Registered Ag	gent, if changing	OF STATE REPRATED ANTI: 47

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 Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	n/a		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add		**************************************	
Remove			
L Kemove			

E. If amending or adding additional Articles, enter change(s) here:				
(Attach additional sheets, if necessary). (Be specific)				
TVa				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:				
(if not applicable, indicate N/A)				
n/a				

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated January	17, 2014	
Signature	Polik. Working	
(By a di	rector, president or other officer - if directors or officers have not been	_
	l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
арронц	ed inductary by that inductary)	
	Rob L. Working	
-	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	_