P15000006431

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: <u>RGS_LAN</u>	D SURVEYING, INC.	
DOCUMENT NUMBER: <u>P150000064</u>	31	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
Robert G. She		
	Name of Contact Perso	n
RGS LAND SURV	Firm/ Company	<u></u>
3624 Crazy Ho	rge Trail	
3024 Clazy no	Address	· · · · · · · · · · · · · · · · · · ·
	2000C F210	
Saint Augusti	ne, FL 32086-5312 City/ State and Zip Cod	le
	ony, out and tap cou	•
<u>rgs888848@gma</u> E-mail address: (to	il.com o be used for future annual report	t notification)
For further information concerning this matter	r, please call:	
Robert G. Sherman	at (904	<u>472-3888</u>
Name of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Dep	artment of State:
\$35 Filing Fee		Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio The C	Address dment Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

	Articles of Amendment	
	to Articles of Incorporation of	rida Dept. of State)
RGS LAND SURVEYING, INC.		The state of the s
(Name of Corpo	ration as currently filed with the Flo	rida Dept. of State)
P15000006431		
(De	ocument Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corp</i> o	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the	he corporation:	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the a	Inc." or "Co". A professional corp	Thenew -porated" or the abbreviation "Corp.," oration name must contain the word
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>)	
D. If amending the registered agent and/or reg new registered agent and/or the new register	gistered office address in Florida, ente ered office address:	er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida
	(City)	(zp code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with and accept the	obligations of the position.

Signature of New Registered 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)

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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	S	Robert G. Sherman	3624 Crazy Horse Trail
Add			Saint Augustine, FL 32086-5312
Remove			
2) Change		_	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) L Change			
Add			
Remove			
6) Lange			
Add			
Remove			

amending or adding additional Ar attach additional sheets, if necessary)	(Be specific)	
		
		_
an amendment provides for an exc	hange, reclassification, or cancellation of issued s	hares,
provisions for implementing the am	endment if not contained in the amendment itself	
(if not applicable, indicate 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 o	late)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without sha	areholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the ficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amend	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated April 2	6th. 2023	
Signature /	cost & Theren	
(By a di	ector, president or other officer - if directors or officers h	
	, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	or other court
аррони	,	
-	Robert G. Sherman	
	(Typed or printed name of person signing)	
_	Secretary	
	(Title of person signing)	