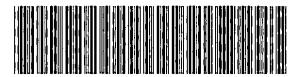
## 483957

(Re	questor's Name)	
(Ad	dress)	
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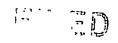
C GOLDEN JUL 2 9 2019

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Southeastern Surve	eying and Mapping Corpora	ation
DOCUMENT NUM			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Darryll DeMarsh		
		Name of Contact Person	1
	Southeastern Surveying and	Mapping Corporation	
		Firm/ Company	
	6500 All American Boulevar	·d	
		Address	
	Orlando, Florida 32810		
		City/ State and Zip Cod	<del>-</del>
dden	narsh@southeasternsurveying.	con	
		sed for future annual report	notification)
	is man address, to be de	ica for fatore annual report	
For further informatic	on concerning this matter, pleas	se call:	
Darryll DeMarsh		407	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle
		Tallah	assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



2019 JUL 19 PM 5: 12

Southeastern Surveying and Mapping Corporation

(Name of Corporation as cur	rently filed with the Florida Dept. of State)
483957	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	o <u>n:</u>
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." word "chartered," "professional association," or the abbrevia	The new pration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	<del></del>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
Signature of 2	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>	John Doe	
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
1) Change	VD	James L. Petersen, PSM	2245 CHIPPEWA TRAIL
Add			MAITLAND, FL 32751
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	ng or addin ditional shee	rts, if necesso	try). (Be	e specific)					
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fan <u>ame</u> i	<u>ndment pro</u>	vides for an	exchange	, reclassific	cation, or ca	ncellation of	issued share	es.	
provision	<u>ns for imple</u>	menting the	amendme	ent if not co	ontained in	the amendm	ent itself:		
	ot applicable	r, indicale M	(A.)						
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	06/28/2019	ic a decade
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendmen sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
	st for the amendment(s) was/were sufficient for approval	
by	tvoting group)	
	tvoting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
July 17 Dated		
Signature 4	Day Do Ml	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	Darryll DeMarsh	
	(Typed or printed name of person signing)	
	Vice President / Secretary	
	(Title of person signing)	<u></u>