HD8984

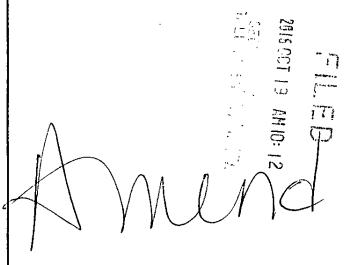
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: POMEROY APPR	RAISAL ASSOCIATES OF	FL., INC.			
DOCUMENT NUMBER: HO8984					
The enclosed Articles of Amendment and fee are su	ubmitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
RONALD S. CROUSE					
	Name of Contact Person				
POMEROY APPRAISAL A	POMEROY APPRAISAL ASSOCIATES OF FL., INC				
	Firm/ Company				
600 NORTH RIDGEWOOD	600 NORTH RIDGEWOOD AVENUE				
	Address				
EDGEWATER, FL 32132					
	City/ State and Zip Code	2			
ron@paafl.com					
	sed for future annual report	notification)			
D man address. (to be a	bou for future annual report	notification,			
For further information concerning this matter, plea	se call:				
RONALD S. CROUSE	at (386	_) 423-5110			
Name of Contact Person) de & Daytime Telephone Number			
Name of contact reison Area code & Daytime receptione Number					
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fee \$\text{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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

POMEROY APPRAISAL ASSOCIATES OF FL., INC.

TOWEROT ATTRAISAL ASSOCIATES OF TE., INC.	
(Name of Corporation as cur	rrently filed with the Florida Dept. of State)
H08984	
(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 corporation	n:
	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 MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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	
(Flor	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	tiliar with and accept the obligations of the position.
Signature of I	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.

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)	Title	Name	Address
1) X Change	VTS	MICKEY W. SMITH	600 NORTH RIDGEWOOD AVEN
Add			EDGEWATER, FL 32132
Remove			
2) Change	TS	RICHARD C. ALLEN, JR	600 NORTH RIDGEWOOD AVEN
Add			EDGEWATER, FL 32132
X Remove			
3) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheet	g additional Artists, if neoessary).	(Be specific)				
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f an amendment pro	vides for an exch	ange, reclassific	ation, or cance	llation of issu	ed shares.	
provisions for imple (if not applicable	menting the ame	ndment if not co	ntained in the	amendment it	self:	
	,					
	_					

A Comment	10/18/2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
	/18/2016	
Effective date <u>if applicable</u> :	(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.	ate will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/18/20	16	
Dated	Ponabl S Crons	
(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 counted fiduciary by that fiduciary)	
	RONALD S. CROUSE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	