541045

(F	requestor's Name))		
(A	address)			
(A	ddress)			
(0	City/State/Zip/Phon	ne #)		
<u>_</u>	☐ WAIT	<u></u>		
_	_	_		
(E	Business Entity Na	me)		
(C	Occument Number)		
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

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SECRETARY OF CORPORATION SO

Amend Name (10 2/12/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Ad	vanced Estimating Systems, Inc.				
DOCUMENT NUMI	BER:J	1045				
The enclosed Articles	of Amendment and fee a	re submitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Mark L. Krall					
	Name of Contact Person					
	Listick & Krall, PA					
		Firm/ Company				
	800 Palm 1	Frail #210				
		Address				
	Delray Beach, FL. 33483					
		City/ State and Zip Code				
	BCursons@	edgewin.com				
		pe used for future annual report notification)				
For further information concerning this matter, please call:						
Michael M	. Listick	at (_561) 276-7424				
Name of Contact Person Area Code & Daytime Telephone						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee	□\$43.75 Filing Fee Certificate of State					
	ling Address	Street Address				
Amendment Section Division of Corporations		Amendment Section Division of Corporations				
	Box 6327	Clifton Building				
	ahassee, FL 32314	2661 Executive Center Circle				
Tallahassee, FL 32301						

Articles of Amendment to Articles of Incorporation of



Advanced Estimating Syste	ems, Inc.		
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	
J41045			
(Document	Number of Corporation (if k	(nown)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new nar	ne of the corporation:		
Cursons, Inc.			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associati	ition "Corp," "Inc," or "Co	o". A professional corporation name n	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4773 South Lake Drive	
		Boynton Beach, FLorida	33436
			
	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_
		Boynton Beach, Florida	a 33436
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name of the	
Name of New Registered Agent	Barbara L. Curso	ns	
	4773 South Lake	Drive	
	(Florida stree	t address)	
New Registered Office Address:	Boynton Beach. :	, Florida33436	
	(City)	(Zip Code	;)
New Registered Agent's Signature, if ch	anging Registered Agent:		
I hereby accept the appointment as registe	~	th and accept the obligations of the posit	ion.
(h - a	()	. /	

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:	, ana sai	iy Smiin, i	or us un	Auu.			
Example: X Change	PT	John Do	<u>se</u>				
X Remove	<u>v</u>	Mike Jo	nes				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>				<u>Addres</u> s
1) Change				Not	Applicab	le	
Add							
Remove							
2) Change		_				· · · · · · · · · · · · · · · · · · ·	
Add							
Remove							
3) Change		_	-				
Add							
Remove							
4) Change							
Add							
Remove							
5) Change							
Add		_					
Remove							
6) Change							
Add		_					
Remove							

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Not Applicable	
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)	
Not Applicable	

The date of each amendment(s) adoption:	1-31-2014	, if other than th
date this document was signed.	1 21 2017	
Effective date if applicable:	1-31-2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHE	CCK ONE)	
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	nareholders. The number of votes cast for the amendment(s) proval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amend	ment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(votin	ng group)	
The amendment(s) was/were adopted by the beaction was not required.	oard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder action and shareholder	
Dated 1-31-14		
Signature Barba		
	ent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary b	y that fiduciary)	
BA	ARBARA L. CURSONS	
	(Typed or printed name of person signing)	
Pre	esident	
	(Title of person signing)	