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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SRS Title	Services. Inc			
	BER: P050001579				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Daniel Weiden	bruch, Esq.			
		Name of Contact Perso	n		
	Roetzel & And	ress			
•		Firm/ Company			
	850 Park Shore	e Drive - Third	d Floor		
·	· · · · · · · · · · · · · · · · · · ·	Address			
	Naples, Florida	a 34103			
	City/ State and Zip Code				
dweidenbruch@ralaw.com					
		sed for future annual report	notification)		
		·			
For further information concerning this matter, please call:					
Daniel Wei	denbruch, Esq.	239	649-6200		
	of Contact Person	at (de & Daytime Telephone Number		
Name C	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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)		
<u>Mail</u>	ing Address	Street	Address		
Ame	ndment Section	Ameno	lment Section		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 15 FEB 17 AH II: 24

9	RS	Title	Services.	Inc
J	\mathbf{n}		OCIVICES.	HIL.

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000157982

(Document Number of Corporation (if known)

nent(s) to

A. If amending name, enter the new name of the corporation: SRS Title Services, Inc.	The
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain
B. Enter new principal office address, if applicable:	4410 SE 16th Place
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 2
	Cape Coral, FL 33904
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4410 SE 16th Place
(Manual Control of the Control of th	Suite 2
	Cape Coral, FL 33904
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office addresses Name of New Registered Agent Donna Stang	<u>ss:</u>
4828 Candia	Street
•	treet address)
New Registered Office Address: Cape Coral	Florida 33914
(City	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	ıt:

Page 1 of 4

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	Arthur Darmanin	14060 Metropolis Ave
Add			Suite 1
Remove			Fort Myers, FL 33912
2) Change	Р	Marianne Jackowski	4410 SE 16th Place
Add			Suite 2
Remove			Cape Coral, FL 33904
3) Change	***		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
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6) Change			
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ovisions for implementing the amen	ange, reclassific	ation, or cand	ellation of i	ssued shar it itself:	es.
n amendment provides for an excha ovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassific Idment if not co	ation, or can ntained in the	ellation of i	ssued shar it itself:	es <u>.</u>
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The date of each amendment(s) adoption:	, 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 adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required. Dated Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Marianne Jackowski	
(Typed or printed name of person signing)	
Director President	_
(Title of person signing)	