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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EXACTA COMM	ERCIAL SURVEYORS, II	NC.	
DOCUMENT NUME	BER:		<u> </u>	
	of Amendment and fee are su	abmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	JAVIER DE LA ROCHA			
		Name of Contact Person	n	
	EXACTA COMMERCIAL S	SURVEYORS, INC.		
		Firm/ Company		
	3460 FAIRLANE FARMS R	OAD, SUITE 6		
	Address			
	WELLINGTON, FL 33414			
		City/ State and Zip Cod	e	
javier	@exactacomm.com			
-	_	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
JAVIER DE LA ROC	НА	561 at (314-0769 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r 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)	
	ling Address		Address	
	endment Section sion of Corporations	Amendment Section Division of Corporations		
	. Box 6327	Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EXACTA COMMERCIAL SURVEYORS, INC.

(Name of		tly filed with the Florida Dep	ot. of State)	
P06000119190	of portation as carre		,	
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation :	adopts the following a	mendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
ECS LAND SURVEYORS, INC.				he new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	"Co". A professional corpo	orated" or the abbr ration name must con	reviation utain the
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS)	N/A		
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new registe	<u>OFFICE BOX</u>) nd/or registered office ad		ame of the	1 203 ET LEL
Name of New Registered Agent	N/A			03
New Registered Office Address:	(Florida . N/A	street address) (City)	, Florida(Zip Coo	le)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Age tered agent. I am familia	nt: r with and accept the obligation	ons 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>	John Doc	
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>	Address
i) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			<u> </u>
Remove			
3) Change		N/A ————————————————————————————————————	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
		NI/A	
6) Change		N/A	
Add			
Remove			<u></u>

F. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
<u> </u>	
	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

The date of each amendment(s)	MARCH 08, 2019 adoption:	, if other than
ate this document was signed.	A D G M AN 2010	
M. Affective date <u>if applicable</u> :	ARCH 08, 2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the I	block does not meet the applicable statutory filing requirements, to Department of State's records.	this date will not be listed as
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 east for the amend sufficient for approval.	lment(s)
	oproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shar	reholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sharehol	der
MARCH	06, 2019	
Dated Signature	or Toh M	
(By a selec	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	JAVIER DE LA ROCHA	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	