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SECRETARY OF STATE OIVISION OF CORPORATIONS

C.L.,15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: APPRAIS BER: P070000204	SALS FIRST C 404	CLASS PA	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ANNA M JOW	ERS		
	APPRAISALS	Name of Contact Person	•	
	OFOEO DODLA	Firm/ Company		
	95050 POPLA	•••		
	FERNANDINA	BEACH, FL 3	32034	
		City/ State and Zip Cod	2	
AN	INA@APPRAIS	SALSFIRSTCI	ASS COM	
		sed for future annual report		
For further informatio	n concerning this matter, pleas	se call:		
ANNA JOWERS 753-1942				
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)	
· · · · · · · · · · · · · · · · · · ·	iling Address		Address	

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 Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 JAN 12 AM 10: 55

APPRAISALS FIRST CLASS PA

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

P07000020404

(Document Number of Corporation (if known)

ndment(s) to

Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporatio	n adopts the following amendme
A. If amending name, enter the new na	ame of the corporation:		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or '	'Co". A professional cor	corporated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST		95050 POF	LAR WAY
<u> </u>		FERNANDINA BEACH, FL 32034	
D. If amending the registered agent an new registered agent and/or the new			name of the
Name of New Registered Agent	ANNA M JOWER	RS	
•	95050 POPL	AR WAY	_
		eet address)	
New Registered Office Address:	FERNANDIN	A BEACH , Flo	_{rida} 32034
	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis			ntions of the position.
	11/1/		
Si	gnature 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	S	KATHLEEN C WALKER	23834 FLORA PARKE BLV		
Add			FERNANDINA BEACH,		
Remove			FLORIDA, 32034		
2) Change	PDT	ANNA M JOWERS	95050 POPLAR WAY		
Add			FERNANDINA BEACH,		
Remove			FLORIDA, 32034		
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending o (Attach addition	r adding additional Ar nal sheets, if necessary).	ticles, enter change (Be specific)	(s) here:		
N/A					
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provisions fo	ent provides for an exc r implementing the am	hange, reclassificate	tion, or cancellation tained in the amend	of issued shares, ment itself:	
	plicable, indicate N/A)				
N/A					
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		<u> </u>	<u></u>		

The date of each amendment(s) adoption: 01/01/2015 ORPORATIONS if other than the date this document was signed. 15 JAN 12 AM 10: 55 01/01/2015 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 (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 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) ANNA M JOWERS (Typed or printed name of person signing) PRESIDENT/ DIRECTOR (Title of person signing)