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TAN 0 0 2018

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION: Applaisals First Class PA DOCUMENT NUMBER: PO 10000 20404				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Anna M Jowers Name of Contact Person				
Appraisals First Class PA				
96090 Victorias PL				
Ywee, Fl 52097				
City State and Zip Code Onna @ Opraisals First Class. Com E-mail address: (to be dsed for future annual report notification)				
For further information concerning this matter, please call:				
Anna M Jowers at (904), 548 Oce 5 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address Name In and State of				
Amendment Section Amendment Section Division of Corporations Division of Corporations				

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles of Inco	erporation
Appraisals First (7 ASS PA
(Name of Corporation as currently	filed with the Florida Dept. of State)
ECOUPTED (A)	0404
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	." "company," or "incorporated" or the abbreviation "o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent V	
ıFlorida stre	et addresst
New Registered Office Address: NA	Florida
•	Circi (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
N/A	gistered Agent, il changing AG
Signature of New Re	gistered Agent, il changing XXXXXIII P

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 Opticer; CFO = Chief Financial Opticer. It an opticer/director holds more than one title, list the first letter of each optice held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc 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.

Xample: X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			<u>N/A</u>
Add			
Remove			
2) Change			
Add			
Remove			
3 + Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		·	
Add			
Remove			

 If amending or adding additional Artic (Attach additional sheets, if necessary). 1 (A) 	(Be specific)
NA	
·	
<u> </u>	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
Shares trans	0 4 5 7
Drones Drows	Mary Distriction
Coo, Mina	M Javers, President-and owner of the Corporation
or 499 Shara 0	of the Corporation
Kathi	ten Charker Secretary F 1 Share of the Corporation
$\frac{1}{2} \frac{1}{2} \frac{1}$	E I Slace Da W Has Cope and the
VV VG CUILLO	1 _ 1 _ UNCOLLE US I'VE COS PONTALISE

The date of each amendment(s) adoption:
Effective date if applicable: 00 - 10 - 20 \ 00 more than 90 days after amendment file dates
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 01-110-2018
Signature (By a threetor, 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)
Ana M. Jowers (Typed or printed name of person signing)
President (Title of person signing)