P010000029948

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
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08/02/13--01003--003 **35.00

SECRETARY OF STATE

STORE OF CORPORATION

13 MIR -2 MIS 38

Amend 13

COVER LETTER

TO: Amendment Section Division of Corpo					
NAME OF CORPOR	RATION:		S ESCROW SERVICES, INC		
DOCUMENT NUME	BER: P0700002994	8			
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	JEANNIE MARRONGELLI				
		Name of Contact Person			
	55 SE 2ND AVE	Firm/ Company STE 302			
	33 SE ZIND AVE	Address			
	DELRAY BEACH				
		City/ State and Zip Code	;		
INF	O@EXCEPTION	ALTITLE.NET			
		ed for future annual report	notification)		
For further information concerning this matter, please call:					
RICHARD C	POLLOCK	_{at (} 954	726-2537		
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number		
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 Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment Articles of Incorporation

P07000029948 (Document Number of Corporation (if kn		
(Document Number of Corporation (if kn		
	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A	". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	55 SE 2ND AVE	
	STE 302	
•	DELRAY BEACH, FL 33444	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	55 SE 2ND AVE	
, -	STE 302	
- -	DELRAY BEACH, FL 33444	
D. If amending the registered agent and/or registered office address	in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida street d	address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	

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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>w</u>	<u>like Jones</u>	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	S/T	GIANNETTINO, PHYLLIS	55 SE 2ND AVE STE 302
Add			COOPER CITY, FL 33328
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	icles, enter change(s) here: (Be specific)
	·
	undersification on concellation of issued shares
If an amendment provides for an exch	iange, reciassification, or cancenation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	namee, recrassification, or cancenation of issued shares, adment if not contained in the amendment itself:
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	namee, reclassification, or cancenation of issued shares, andment if not contained in the amendment itself:
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provisions for implementing the ame	namee, reclassification, or cancenation of issued shares, adment if not contained in the amendment itself:

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.	
JULY 26, <u>2</u> 013	
Signature / March	
(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)	
JEANNIE R MARRONGELLI	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_