P08000108104

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FIRST AMERICA	N FINANCIAL SERVICE	S OF PINELLAS, INC.		
	BER: P08000108104				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Kale M. Kritch				
	Name of Contact Person				
	FIRST AMERICAN FINANCIAL SERVICES OF PINELLAS, INC.				
		Firm/ Company			
	350 ALT 19 STE D				
		Address	***		
	Palm Harbor, FL 34683				
		City/ State and Zip Cod	e		
	kale@fafsinc.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatic	on concerning this matter, pleas	se cali:			
Kale M. Kritch			. 712-2214		
Name	of Contact Person	at ('' Area Co) 712-2214 de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section		Amend	Address Iment Section		
Division of Corporations		Division of Corporations The Centre of Tallaharrae			
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

	Articles of A	Amendment 3	· C ·
	to Articles of In o	corporation	
FIRST AMERICAN FINANCIAL SER'		c.	10
(<u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of State)	_ <
208000108104		,	خ
	(Document Number of	of Corporation (if known)	5
ursuant to the provisions of section 607 s Articles of Incorporation:	.1006. Florida Statutes, this	Florida Profit Corporation adopts the following amend	dment(s
. If amending name, enter the new n	name of the corporation:		
		The	
ame must be distinguishable and contain 'Inc.,'" or Co.,'" or the designation "('chartered,'" "professional association,	Corp," "Inc," or "Co".	'company," or "incorporated" or the abbreviation "Corp A professional corporation name must contain the w "	p.," ord
3. Enter new principal office address,	. if applicable:	350 ALT 19 STE D	
Principal office address <u>MUST RE A S</u>		Palm Harbor, FL 34683	
			_
			_
Enter new mailing address, if appl (Mailing address MAY BE A POST		350 ALT 19 STE D	
(1.11.11.11.11.11.11.11.11.11.11.11.11.1	***************************************	Palm Harbor, FL 34683	_
		·	_
. If amending the registered agent a	nd/or registered office add	lress in Florida, enter the name of the	
new registered agent and/or the ne	w registered office addres	<u>s:</u>	
Name of New Registered Agent	Kale M. Kritch		
	350 ALT 19 STE D		
	(Florida st	reet address)	
		24692	
New Registered Office Address:	Palm Harbor	(City) , Florida 34683 (Zip Code)	

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>	<u>Addres</u> s
1) X Change	ь	Kale M. Kritch	350 ALT 19 STE D
Add			Palm Harbor, FL 34683
Remove			
2) Change	VP	Jennifer M. Kritch	13670 W Hillsborough Avenue
Add			Tampa, FL 33635
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional (Attach additional sheets, if necessary)	<u>Articles, enter change</u> ny). <i>(Be specific)</i>	(s) here:		
N/A				
		· · · · · · · · · · · · · · · · · · ·	****	
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1			•••••	
F. If an amendment provides for an	exchange, reclassificat	tion, or cancellation	of issued shares,	
provisions for implementing the (if not applicable, indicate N	amendment if not com	tained in the amend	ment itself:	
N/A	,			
				···-
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			<u> </u>	
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The date of each amendment(s)	4/9/2020 adoption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, to be partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amend sufficient for approval.	Iment(s)
	proved by the shareholders through voting groups. The following so reach voting group entitled to vote separately on the amendment(s.	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
4/9/2020		
Dated		
Signature	Kale M. Kitch	
select	director, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or othe nted fiduciary by that fiduciary)	
	Kale M. Kritch	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	