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DIVISION OF CORPORATION

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Cappa Title Inc. DOCUMENT NUMBER: P11000062616 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John R. Cappa II Name of Contact Person John R. Cappa PA Firm/ Company 1229 Central Ave. Address St. Petersburg, FL 33705 City/ State and Zip Code irc@cappalaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Cappa II Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & **□**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



14 JUL 18 PM 1:19

Cappa Title Inc.	· ·
(Name of Corporation as currently filed with the F)	orida Dept. of State)
P11000062616	The court of the c
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
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 "word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2031 - 4th St. N.
(Principal office address MUST BE A STREET ADDRESS)	Unit 1
	St. Petersburg, FL 33704
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2031 - 4th St. N.
	Unit 1
•	St. Petersburg, FL 33704
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	<del> </del>
(Florida stre	eet address)
New Registered Office Address:	. Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
Signature of New Registered A	gent. 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 <math>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>	Name	Address
1) Change	<del> </del>		
Add Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			1.5004
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	(De spectfie)
·	
If an amendment provides for an exch	lange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, recrassification, or cancellation of issued shares, and ment 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)	nange, reclassification, or cancellation of issued shares, indiment 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)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.  Effective date if applicable:		SHOWETARY ONVISION OF C  14 JUL 18  O days after amendm	PM 1: 19	if other than the
Adoption of Amendment(s) (	CHECK ONE)			
The amendment(s) was/were adopted by by the shareholders was/were sufficient		number of votes cas	t for the amendment(s)	
The amendment(s) was/were approved by must be separately provided for each vo				
"The number of votes cast for the a	imendment(s) was/wer	e sufficient for appro	val	
by	(voting group)			
The amendment(s) was/were adopted by action was not required.	the board of directors	without shareholder	action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators with	out shareholder actio	n and shareholder	
Dated June 1, 2014 Signature		Leffa		esident)
selected, by an	president or other offic incorporator – it in the lary by that fiduciary)	hands of a receiver.	trustee, or other court	_
John	R. Cappa II			
		rinted name of perso	n signing)	
Presid	dent			
,	(Tit	le of person signing)		