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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

Cypress Title & Escrow, Inc NAME OF CORPORATION: P1300005220A DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lauren E Cohen
Name of Contact Person Cypress Title & Escrow, Inc. 9180 Galleria Court #400 Naples, FL 34109
City/ State and Zip Code Lauren Waypressnaples.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lauren E dohen at (239) 595-7077

Area Code & 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Cypress	Title	\$	Escrow,	TM
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(Name of Corporation as currently	filed with the Florida Dent of State
P1360005	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "cor	The new
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A particular content of the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	9180 Galleria Court
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	#400
	Naples, FL 34109
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9180 Galleria Court
·	#400
	Naples, FL 34109
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	Florida .
	ity) (Zip Code)
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)	, F.S.

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
ICHIOVC			

. if amending (r adding additional Articles, enter cl	hange(s) here:		
(Attach addition	nal sheets, if necessary). (Be specific	c)		
				
				
			_	
·-				
				<u> </u>
			<u> </u>	
				
If an amendn	ent provides for an exchange, reclass r implementing the amendment if no	sification, or cancellat	ion of issued shares,	
(if not ap	olicable, indicate N/A)	it Contanies in the ani	chament usen.	
				

The date of each amendment(s) addate this document was signed.	loption:	, if other than th
Effective date if applicable:	11-6-2020	
Elicetive date il applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date variation of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action a	and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	rector, president or other officer – if directors or officers have not been	
selected	l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Lauren E Cohen	
•	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	<u> </u>