P130005147

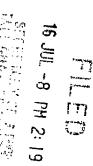
(R€	equestor's Name)	
(Ad	ldress)	
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JUL 12 2016

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Senior Title Inc.		
	MBER: P13000074742		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Mal David		
		Name of Contact Person	1
	Senior Title		
		Firm/ Company	
	POB 940456		
		Address	
	Maitland Fl. 32794		
		City/ State and Zip Cod	e
mal	@metroplexinvestments.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Mal David		at (⁴⁰⁷	383-7100
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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)
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 16 JUL -8 PH 2: 19

Senior Title Inc.	SECRETARY OF SAME.
(Name of Corporation as curren	ntly filed with the Florida Dept. of State
P13000074742	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The nav
name must be distinguishable and contain the word "corporat "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:	NA
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	POB 940456
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Maitland, FL. 32794
	Waltand, L. 32194
	,
•	7
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
· · · · · · · · · · · · · · · · · · ·	<u>55:</u>
Name of New Registered Agent NA	
(Florida :	street address)
New Registered Office Address:	Florida
ivew negistered Office Address.	(City), Florida (Zip Code)
·	
New Registered Agent's Signature, if changing Registered Ager	nt:
I hereby accept the appointment as registered agent. I am familia	
·	
Signature of New	Registered Agent, if changing

<u>٠</u>

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Titlè</u>	Name	<u>Addres</u> s
1) Change	VS	Dan Herbon	POB 940456
X Add			Maitland, FL. 32794
Remove			
2) Change			
Add		•	
Remove		•	
3) Change			
Add			
Remove			
4) Change		· 	
Add			
Remove			
5) Change			
Add			
Remove			
0 0			
6) Change		,	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
NA	
•	
	
 	
714-107-101	
Jan. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
F If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
727 11 11. * 11 . 377.0	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A) NA	

November 1, 2015	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
NA Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
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 NA	
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.	
November 1, 2015 Dated	
Signature	
(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)	
Joseph P. Larkin III	
(Typed or printed name of person signing) President	

(Title of person signing)