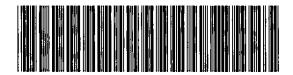
P14000010644

(Re	questor's Name)	_
(Ad	dress)	<u> </u>
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PICK-UP	☐ WAIT	MAIL.
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Special Instructions to	Filing Officer:	
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AUG 2 8 2014 C. CARROTUERS

COVER LETTER

Division of Corporatio	ns		
NAME OF CORPORATION	ON: OCEAN PAI	LM APPRAISALS,	INCORPORATED
DOCUMENT NUMBER:	P1400001	0644	
The enclosed Articles of An	nendment and fee are su	ıbmitted for filing.	
Please return all correspond	ence concerning this ma	tter to the following:	
	VICTOR M	. VERDI	
	VERDI AS	Name of Contact Perso SOCIATES GROUP	, INC.
	312 E. V	Firm/Company ENICE AVENUE S	UITE 203
	VENICE,	Address FLORIDA 34285	
		City/ State and Zip Cod	e
	vicverd	i@comcast.net	
	E-mail address: (to be u	sed for future annual report	notification)
For further information conc			820 8307
VICTOR M		at (732	829 8397 de & Daytime Telephone Number
Enclosed is a check for the f			•
XX \$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)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



OCEAN PALM APPRAISALS, INCORPORATED

14 AUG 25 PM 1:41

(Name of Corporation as currently filed with the Florida Dept. of State)

nent(s) to

P14000010644	TALLAHARRES TO 18
(Document Number of Corporation (if	
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amends
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation	The ne
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain th
B. Enter new principal office address, if applicable:	3440 KINGS ROAD SOUTH
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ST. AUGUSTINE, FL 32086
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3440 KINGS ROAD SOUTH
	ST. AUGUSTINE, FL 32086
D. If amending the registered agent and/or registered office addresses	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et 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	ith and accept the obligations of the position.
Signature of New Registered A	gent, if changing

The date of each amendment(s) adoption	on:08/22/14	, if other than the
date this document was signed.	09/22/14	
Effective date if applicable:	08/22/14	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder	
Dated 8/22	14	
Signature	somar Laglislavoro	
	r, president or other officer - if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court luciary by that fiduciary)	
	THOMAS J. TAGLIALAVORE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

ttach additional sheets, if necessary).	(Be specific)
	· · · ·
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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 PT	John Doe	
\underline{X} Remove \underline{V}	Mike Jones	
X Add SV	Sally Smith	
Type of Action (Check One)	<u>Name</u>	Address
1) Change	KATHLEEN TAGLIAUAVORE	3440 KINGS ROAD SOUTH
X		ST. AUGUSTINE, FL 32086
Remove		
2) Change		
Add	.	
Remove		
3) Change	-	
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add	- · · · · · · · · · · · · · · · · · · ·	
Remove		