## 11/10003/006

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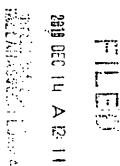
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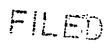
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: INSPECT DEPOT	INC.	
DOCUMENT NUMI	BER:		<u> </u>
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	DANIEL TURPIN		
		Name of Contact Person	1
		Firm/ Company	
	552 SLIPPERY ROCK RD		···
		Address	
	WESTON, FL 33327		
		City/ State and Zip Cod	e
TNT	ADUST@GMAHCOM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
DANIEL TURPIN- VP		at (	275-6166
		de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:
S35 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



NSPECT DEPOT INC.

2819 DEC 14 A P: 11

(Name of Corporation as current	by filed with the Floride Dent, of State)		
P1.4000031006	ty med with the Florida Dept. of State)		
1 1700001000	Malahatte, fi olim		
(Document Number of	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)		
A. If amending name, enter the new name of the corporation:			
TNT ADJUSTING & INSPECTION SERVICES INC.	The new		
name must be distinguishable and contain the word "corporatio "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:	552 SLIPPERY ROCK RD		
(Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 33327		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	304 INDIAN TRACE		
	# 919		
	WESTON, FL 33326		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address			
new registered agent and/or the new registered office address	<u>s:</u>		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·		
Which has	The state of the s		
(riorida si	revi dauress)		
New Registered Office Address:	, Florida		
·	(Florida street address), Florida (City) (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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>şv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<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			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
N/A	
<del></del>	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s	) adoption:	if other than the
date 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 the document's effective date on the	is block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.	s)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	r
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
12/11/2 Dated	018	
Dateu		
Signature	hogre tipe	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other cour ointed fiduciary by that fiduciary)	1
	Eugena Turpin	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	····