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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: PREVENDED APPRAISERS OF FLOZING, INC P14000099682

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TOM L. WOODS

Name of Contact Person PREVERDED APPRAISERS OF FLORIDA, INC 5823 COUKATIEL COURT
Address AXELAND, FL 33809
City/ State and Zip Code Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>\$63</u>) <u>738 - 15 9 8</u>

Area Code & Daytime Telephone Number TONY WOODS

Enclosed is a check for the following amount made payable to the Fiorida Department of State:

DOCUMENT NUMBER:

□\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

οf

| PREFERRED APPRAISERS (Name of Corporation as current | OF FLORIDA, INC |
|---|---|
| (Name of Corporation as current | a |
| 7110000 | 99682 |
| | of Corporation (if known) |
| Pursuant to the provisions of section 607,1006. Florida Statutes, this articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| N/A | The new |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: | A professional corporation name must contain the word |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | C30 PL D |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A PE ST |
| D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address | |
| Name of New Registered Agent NA | |
| | |
| (Florida s | street address) |
| New Registered Office Address: _\/\frac{1}{A} | , Florida |
| New Registered Agent's Signature, if changing Registered Ager | (City) (Zip Code) |
| Thereby accept the appointment as registered agent. I am familian | |
| · | Registered Agent, if changing |
| t signature of New | кедыығы лдет, ң спинушу |
| Check if applicable ☐ The amendment(s) is are being filed pursuant to s. 607.0120 (11) | (e), F.S. |

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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)

Example:

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.

| X Change | <u>PT</u> <u>John</u> | <u>i Doc</u> | |
|----------------------------|-----------------------|----------------|--|
| X Remove | <u>V</u> <u>Mik</u> | te Jones | |
| X Add | <u>SV</u> <u>Sall</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address . |
| 1) Change | T | DEBRAK. SIFORD | 50928E USBONCIRCLE STUART, FL 34997 |
| Add | | | STUART, FL 34997 |
| Remove | | | |
| 2)Change | | | |
| Add | | | |
| Remove Change | <u></u> | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | | |

| 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/4) A | If amending or adding additional Art (Attach additional sheets, if necessary). | |
|--|--|--|
| 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/3) | ALA | |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | | |
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| The date of each amendment(s) adoption: 1 11 7024 | , if other than the |
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| date this document was signed. | |
| Effective date if applicable: 211/2017 (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 will document's effective date on the Department of State's records. | Il not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was were adopted by the incorporators, or board of directors without shareholder action an action was not required. | d shareholder |
| ☐ The amendment(s) was were adopted by the shareholders. The number of votes east 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 | |
| (voting group) | |
| Dated /2/11/2024 | |
| Signature (By a director, president or other officer – if directors or officers have not been | |
| selected, by an invorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| TONY L WOODS | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |