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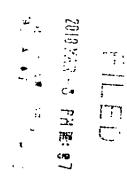
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KENNETH L MAR	RTIN CCIM, PA	
DOCUMENT NUMB	P16000070069		
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.	
Please return all corresp	pondence concerning this mat	ter to the following:	
I	NANCY PEMBROKE		
-		Name of Contact Person	1
,	WILLIAM G PEMBROKE, O	CPA	
-	<u>. </u>	Firm/ Company	
;	8517 S US HWY 1		
-	······································	Address	-
1	PORT ST LUCIE, FL 34952		
-		City/ State and Zip Cod	e
KENN	1ARTIN@SLCCOMMERCL	AL.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
NANCY PEMBROKE	:	at (772	336-3331
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, 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

KENNETH	ī	MARTIN CCIM PA

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P16000070069	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	poration:
KENNETH L MARTIN PA	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)
in the system of the second se	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	()
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the ffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent if changing

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.

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)	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			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
	<u></u>	
	-	
		•
		
If an amendment provides for an exch	inge, reclassification, or cancellation of it	ssued shares,
(if not applicable, indicate N/A)	dment if not contained in the amendmen	<u>t usen:</u>
	<u></u>	
		···
· · ·		
	<u> </u>	

	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	nn 90 days after amendment file date)
Note: If the date inserted in this block does not meet the appropriate the appropriate of State's record	oplicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was	were sufficient for approval
by(voting group)	,""
(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	tors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators action was not required. Dated FEB 28 2018	
Signature	11/1/4
(By a director, president or other	officer if directors or officers have not been natic hands of a receiver, trustee, or other court ary)
KENNETH L MARTIN	
(Typed or prin	ted name of person signing)
PRESIDENT	

(Title of person signing)