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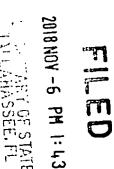
(Requestor's Name)
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C. GOLDEN NOV 1 3 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: First Coast Property	ty Inspectors, Inc.	
DOCUMENT NUM	P17000072103		
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	William Scott	_	
		Name of Contact Person	1
	First Coast Property Inspecto	ers, Inc.	
		Firm/ Company	
	137 Blue Sky Dr.		
		Address	
	St. Johns, FL 32259		
		City/ State and Zip Code	
71000	ow1077@hatmail.com		
wsco	ott1977@hotmail.com	sed for future annual report	notification
	E-man address. (to be th	sed for future annual report	notrication)
For further information	on concerning this matter, pleas	se call:	
William Scott		904 at (955-9953
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	utment 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)
Am Div P.C	illing Address cendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle
		Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation

FILED

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rusi Coasi Property hispectors, inc.			
(Name	of Corporation as curre	ntly filed with the Florida Dept. of S	tate) TALL AHASSEE
P17000072103			THE WASSELL
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts	the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		137 Blue Sky Dr.	
		St. Johns, FL 32259	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		137 Blue Sky Dr.	
		St. Johns, FL 32259	
D. If amending the registered agent an new registered agent and/or the ne			<u>the</u>
Name of New Registered Agent	William Scott		
	137 Blue Sky Dr.		
	(Florida .	street address)	
New Registered Office Address:	St. Johns	. Flori	32259
THE STANDS OF THE PARTY OF THE CONTRACTOR OF THE PARTY OF		(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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)

Remove

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)	Title	Name	Address
1) Change	P	Brian Sissons	158 Cumberland Island Circle
Add X Remove			Ponte Vedra, FL 32081
2) X Change	P	William Scott	137 Blue Sky Dr.
Add			St. Johns, FL 32259
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Rеточе			
6) Change			
Add			

	(Be specific)
	
	-
	
	
amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
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The date of each amendment(s) a	11/01/2018 Ideption:	if other than
date this document was signed.	dahaan	, ii ouici uiaii
~	01/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.		
11/01/201	8	
Dated		
-		
Signature	distance and design of the second sec	
	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
арроп	nou industria j oj ant industria j	
	William Scott	
	(Typed or printed name of person signing)	
	President	
	1 1 Collective	