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(Address)	400320165824
(City/State/Zip/Phone #)	
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(Business Entity Name)	12/10/1801015009 *+35.00
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ppraisal Dimensions Inc			
DOCUMENT NUMBER:	218 00000 1408			
The enclosed Articles of Amendment and fee	e are submitted for filing.			
Please return all correspondence concerning to	this matter to the following:			
<u> </u>	Susan Zappulla Name of Contact Person sporated Dimensions Inc Firm/ Company 281 North Rodge Dr. Address 2ming Island FL 32003 City/ State and Zip Code 15ald mensions & yahoo.com to be used for future annual report notification)			
For further information concerning this matter, please call:				
	Area Code & Daytime Telephone Number made payable to the Florida Department of State:			
\$35 Filing Fee	Tee & S43.75 Filing Fee & S52.50 Filing Fee tatus Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)			
Mailing Address Amendment Section	Street Address			

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment

to

Articles of Incorporation

of

Appraisal Dimensions, T	TYC. ntly filed with the Florida Dept. of State)
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P18000001408	3
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	= 3
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	·
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	
(Florida s	strograddress)
New Registered Office Address:	Florida
New Registered Office Hadress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
, and approximate the second s	with the desert the confidence of the position.
	Registered Agent, if changing
Signature of New	Revistered 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.

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	<u>Na</u>	<u>ume</u>	Address
I) Change	<u> </u>	<u>P</u>	aul Lappulla	287 North NidgeDi Fleming Island, FL
× Add			•	Fleming Island, FL
Remove				37003
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
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5) Change				
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Remove				
6) Change			·	
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f an amendmen	t provides for an ex	change, reclas	sification, or can-	cellation of issu	aed shares,	
<u>provisions for i</u>	mplementing the an	rendment if no	t contained in th	<u>e amendment i</u>	tself:	
(if not appli	cable, indicate N/A)					
		-				
						
			/			
			/			

G-15-18	, if other than the
	,
G-15-18	
90 days after amendment file date)	
licable statutory filing requirements, this dat	e will not be listed as the
he number of votes cast for the amendment(s)
nrough voting groups. The following stateme to vote separately on the amendment(s):	nt
ere sufficient for approval	
rs without shareholder action and shareholde	r
ithout shareholder action and shareholder	
nul du	
ficer – if directors or officers have not been	
the hands of a receiver, trustee, or other court	
у)	
poulla	
d name of person signing)	
isident	
e of person signing)	
	90 days after amendment file date) licable statutory filing requirements, this date the number of votes cast for the amendment(s) arough voting groups. The following stateme to vote separately on the amendment(s): ere sufficient for approval "" rs without shareholder action and shareholder action a