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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: SWEL PROPERTY INSPECTIONS, INC.					
DOCUMENT NUMBER: P1900016529					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person					
SWFL PROPERTY INCECTIONS INC Firm/ Company 125 Ainpent RD NONTH STE 203 Address					
125 Ainpont RD NONTH Str 203					
NAPIOS FL 34104 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Treat Suttentil at (239) 243-6699 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\Bigcup \text{\$\subseteq}					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations					

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

(), , , , , , , ,	of _
Sw41 Dr6De1+	Y INSDECTIONS ITTO
(Name of Corporation as curren	itly filed with the Florida Dept. of State)
P190001	6529
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amends
A. If amending name, enter the new name of the corporation:	
	The no
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	"Co". A professional corporation name must contain t
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	AL: S
C. Enter new mailing address, if applicable:	%: →
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	1
D. If amending the registered agent and/or registered office ad-	
new registered agent and/or the new registered office addre	
Name of New Registered Agent JUSTIN	Schernoll
(Floridu s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
Thereo, accept the appointment as registered agent. Tampanan	wan and accept the congulations by the position.
	Provident Association
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 the	itle, n
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; CEC Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of echeld. 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 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remove	e, and Sai	lly Smith, SV as an Add.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	Σ	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	JESSE P. JUHENTEl	125 Aleport po N
Add Remove			NAMIES FL JHOY
2) Change	<u>T</u>	JESSE P COHKENTUL	125 Alejort NO 1
Add Remove			Sto 203 Narlos FL 3410
3) Change	VP	Justin B Schantall	125 Himport No 1
Add			Sto 207 NA/164, FL 34/16
4) Change	I	Jush J B CLHENTE!	e l
Add Remove			Sty 207 Naples, KL
5) Change			
Add Remove			
δ) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	-
	-
	-
	-
	-
	1
	-
	- -
If any and a second of the second	
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)	
	-
	<u>_</u>
	
	-
	

The data of each amendment(s) adoption: $G/I_{4}/I_{6}$	if othe
The date of each amendment(s) adoption: date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 94 days after amenument file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be lis
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Tristal Schrants/	
(Typed or printed name of person signing)	
Pros 1001	
(Title of person signing)	