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(Request	pr's Name)
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PICK-UP	WAIT MAIL
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SECRETARY OF STATE FALL ARASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	 QUEENSPARK T	TTLE CO.	
DOCUMENT NUMBER	P19000018132		
The enclosed Articles of A	I <i>mendment</i> and fee are so	ubmitted for filing.	
Please return all correspon	dence concerning this ma	atter to the following:	
MI	 CHAEL G. SALMON		
_		Name of Contact Person	11
SA	LMONLAW, PLLC		
_		Firm/ Company	
101	00 W. SAMPLE RD., SU	JITE 403	
		Address	
CO	RAL SPRINGS, FL 3300	55	
	1	City/ State and Zip Cod	<u> </u>
MICHAE	 CENTRADES	.1	
WICHAL	i	sed for future annual report	natitivation
	I man address. (w be d	sed to ratare amidal report	ik/ancativ/i/
For further information co	ncerning this matter, plea	se call:	
MICHAEL G. SALMON		at (
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	irlment of State:
\$35 Filing Fee	S43.75 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)
Amenda	Address lent Section of Corporations	Amend	Address ment Section on of Corporations
P.O. Box	√6β27	Clifton	Building
Tallahas	see. Ft. 32314		xecutive Center Circle

Articles of Amendment to Articles of Incorporation of

QUEENSPARK TITLE CO.				
(Name of Corporat	ion as currently file	d with the Florida Dept	l. of State)	
P19000018132				
(Docu	ment Number of Corp	oration (if known)		
Pursuant to the provisions of section 607,1006, Florid	la Statutes this <i>Flori</i> d	da Profit Corporation ad	lonts the following am	endment(s) to
its Articles of Incorporation:		rrigir ettiporition de	and the following and	
A. If amending name, enter the new name of the co	orporation:			
IVY TITLE GROUP, INC.			***	
name must be distinguishable and contain the wo	rd "corporation," "	company," or "incorpo		new riation
"Corp.," "Inc.," or Co" or the designation "Corp.word "chartered." "professional association," or the	o, " "Inc," or "Co".	A professional corpora		
word enariered, projessional association, or the	e appreviation - 1°.24. N/			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	<u>e:</u>			
Trincipal office dataless stops to EASTREET AD	<u> </u>			
			ντι 8Εα	
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	N/	'A	ASS ASS	
			निकर िदा ३	. m
			<u>. m 35</u> ಈ ೧೯೮	- U
			<u> </u>	- —
D. If amending the registered agent and/or registe	red office address in	Florida, enter the nam	ie of the An	3
new registered agent and/or the new registered	office address:		UP	
N/A Name of New Registered Agent			- .	
	(Florida street add	iress)		
New Registered Office Address:			N/A , Florida _	
	(City)	· · · · · · · · · · · · · · · · · · ·	(Zip Code)	
New Registered Agent's Signature, if changing Reg	gistered Agent:			
hereby accept the appointment as registered agent.		nd accept the obligations	s of the position.	
Sign	nature of New Registe	red 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	PT Jol	<u>nn Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	SV Sal	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) N/A Change	NA	N/A	N/A
Add			
Remove			
2) N/A Change	N/A	N/A	N/A
Add			19 SEC
Remove			SECRETARY ALLIAHASSE
3) N/A Change	N/A	N/A	
Add			
Remove			
4) N/A Change	N/A	N/A	N/A N/A
Add			
Remove			
5) N/A Change	N/A	N/A	N/A
Add			
Remove			
6) N/A Change	N/A	N/A	N/A
Add			
Remove			

E. <u>If amending or adding</u>	additional Arti	icles, enter change(s) here:		
(Attach additional sheets,	if necessary).	(Be specific)		
N/A	l 			
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. If an amendment provid	des for an exch	ange, reclassification, or cancellation of issued shares,		
provisions for impleme	enting the amer	ndment if not contained in the amendment itself:		
(if not applicable, it	ndicate N/A) ==			
N/A				
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	N/A	
The date of each amendmen		if other than th
date this document was signed	1.	
\	N/A	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) sere sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	19
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	NOV 2:
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
11/16 Dated	32019	ED E 12
Signature _	Vin Lien	
(1	By a director, president or other officer - i) directors or officers have not been	
s	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
а	ppointed fiduciary by that fiduciary)	
	MICHAEL G. SALMON	
	(Typed or printed name of person signing)	
	AUTHORIZED PERSON	
	(Title of person signing)	