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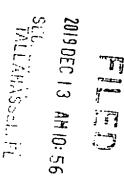
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Professi	onal Title of the Treasure Coast, Inc.
NAME OF CORPORATION: 11010881 DOCUMENT NUMBER: 1190000833	56
The enclosed Articles of Amendment and	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Cynthia M. Rich	
	Name of Contact Person
Professional Title	of the Treasure Coast, Inc.
	Firm/ Company
1546 N. U.S. #1	
	Address
Sebastian, Florida	32958
	City/ State and Zip Code
cindy@professionaltitlei	rc.com
E-mail addres	ss: (to be used for future annual report notification)
For further information concerning this m	natter, please call:
Cynthia M. Rich	at ( 772 ) 589-3231
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
■ \$35 Filing Fee ■\$43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Professional Title of the Treasure Coast, Inc.

(N. 60)		El 1 (1 1 El 1 1 E	
(Name of Corpo	ration as currently	filed with the Florida Dep	t. of State)
	<u> </u>	.,	
(De	ocument Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flats Articles of Incorporation:	orida Štatutes, this <i>F</i>	Horida Profit Corporation a	dopts the following amendment(s)
A. If amending name, enter the new name of the	ne corporation;		
			The
name must be distinguishable and contain the "Corp.," "Inc.," or Co" or the designation "C word "chartered," "professional association," or	Corp, " "Inc," or "C	lo". A professional corpor	
B. Enter new principal office address, if applic	able:		
(Principal office address MUST BE A STREET.			201
	I .	•	
			Ξ. ω
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROV)		G T
maning address maring a rost of rec	<u> </u>		10:5
		_	0
			~~~ <b>56</b>
		<del></del> ,	<del> </del>
D. If amending the registered agent and/or reg new registered agent and/or the new registe		ss in Florida, enter the nar	ne of the
new registered agent and/or the new registe			
Name of New Registered Agent			
	(Florida stree	a address)	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	City)	, Florida (Zip Code)
		-π,γ	(z.y/ Code)
Your Designated Agent's Cignotone if shouring	D		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.	nt. L'am familiar wi	th and accept the obligation	s of the position.
. , , , , ,			
	ı		
	Signature of New Re	gistered 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	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	•	<u>Addres</u> s
I) Change	VP	Cynthia M.	Rich	6048 N. Island Harbor Road
XAdd				Sebastian, FL 32958
Remove				<u></u>
2) Change			·	
Add				
Remove				
3) Change			1	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			1	
Add				
Remove				
6) Change		_	<del></del>	
Add				
Remove				

E. If amending or adding additional Articles, enter (Attach additional sheets, if necessary). (Be specified)	change(s) here:
	1
	<del></del>
-	
	<del>_</del>
. If an amendment provides for an exchange, recla	 
provisions for implementing the amendment if r (if not applicable, indicate N/A)	ot contained in the amendment itself:
(у пов аррисате, такане м/л)	
<del></del>	

The date of each amendment(s) add	inoveniber(13, 2019 ption:	, if other than the
date this document was signed.		
Effective date if applicable:	I.	
<del></del>	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requiren artment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the icient for approval.	amendment(s)
	oved by the shareholders through voting groups. <i>The follo</i> arch voting group entitled to vote separately on the amend.	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	.0	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action an	nd shareholder
action was not required.  Dated  Signature	ector, president or other officer – if directors or officers ha	
selected,	by an incorporator \(\frac{1}{4}\) if in the hands of a receiver, trustee, \(\frac{1}{4}\) fiduciary by that fiduciary)	
M	faria Hart	
_	(Typed or printed name of person signing)	
р	resident	
-	'(Title of person signing)	