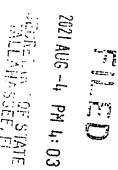
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: Land Data Researc	th, Inc.		
	IBER: P21000032086	· · ·		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the following:		
	Philip J. Stoddard			
	Name of Contact Person			
	North Star Associates			
	Firm/ Company 3364-13th Street			
	Address			
	Elkton, FL 32033			
		City/ State and Zip Cod	e ·	
	mb (168) a combostoma i se con			
	phil@northstarpi.com	sed for future annual report		
	r-man address, (to be u	sea for fitture annual report	nomicanoni	
For further informati	ion concerning this matter, plea	se call:		
Philip Stoddard		904 at (460-8599	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		Address	
Amendment Section Division of Corporations P.O. Roy, 6327		Amendment Section Division of Corporations The Contra of Tallahassoo		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Filed

Land Data Research, Inc.		2021 AUG -4 PM 4:03
(Name of Corpor	ation as currently filed with the Flori	da Dept. of State)
P21000032086		SEGRETARY OF STATE
(Doc	cument Number of Corporation (if know	(n) TELETINOTEE, FL
fursuant to the provisions of section 607,1006, Flor s Articles of Incorporation;	rida Statutes, this <i>Florida Profit Corpor</i>	vation adopts the following amendment(s
a. If amending name, enter the new name of the	e corporation:	
Perfect Title, Inc.		The _new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "h "chartered," "professional association," or the ab	nc," or "Co". A professional corpor	orated" or the abbreviation "Corp" ration name must contain the word
Enter new principal office address, if applica		
Principal office address <u>MUST BE A STREET A</u>	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
 If amending the registered agent and/or registered. 	ctored office address in Florida, enter	the name of the
new registered agent and/or the new register		THE HARM STAND
Name of New Registered Agent		
trame of the regulered agent		
	(Florida street address)	
	, , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:	(City)	, Florida (Zip Code)
	(1,0	, , , , , , , , , , , , , , , , , , ,
ew Registered Agent's Signature, if changing I	Registered Agent:	
hereby accept the appointment as registered agen	u. I am familiar with and accept the ob	ligations of the position.
Si	ignature of New Registered Agent, if cha	
	a more than the amount of the second provides	G G
The control of the co	. 467.0120.413.455 E.E.	
The amendment(s) is/are being filed pursuant to	s. 607.0120 (11) (c), F.S.	

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)

Example:

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	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP.S.T	Karen A. O'Shaughnessy	3364 13th Street, Elkton, FL 32033
X Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	 		
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

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-				F. C. L. B. L. C.	
nravision	dment provides for an exc s for implementing the am	<u>inange, reclassifica</u> tendment if not co	ation, or cancenau ntained in the ame	on or issued snares, ndment itself:	
(if not	applicable, indicate N/A)	condition to the to	intering in the direct		
	1.10				
	<i>N/P</i>				
	,				
					

.

The date of each amendment(date this document was signed.	s) adoption:	, if other than the
Effective date if applicable:		
interior date in applicable.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this can Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendmen re sufficient for approval.	t(s)
	e approved by the shareholders through voting groups. The following states I for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
sel	y a director, president or other officer – if directors or officers have not beer ected, by an incorporator – if in the hands of a receiver, trustee, or other corpointed fiduciary by that fiduciary) Philip J. Stoddard	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<u></u>