000 Address 181-9550 City/State/Zip Phone # 000002298240--9 -09/19/97--01083--004 *****35.00 *****35.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. Tricor Multi-Family Inc. P93000056735 (Corporation Name) (Document #) ent #) Certified Copy Certificate of Status: SE (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Photocopy Mail out ☐ Will wait NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent **Domestication** Dissolution/Withdrawal Other Merger OTHERHLINGS REGISTRATION/ **OUALIFICATION Annual Report** Foreign **Fictitious Name** Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials

Other

ARTICLES OF AMENDMENT

FILED.

TO

97 SEP 19 PM 1:37

ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE FLORIDA

OF

TRICOR MULTI-FAMILY, INC.

Pursuant to the provisions of Chapter 607, Florida Statutes (1995), the undersigned Corporation hereby adopts the following Articles of Amendment to its Articles of Incorporation.

The document number of this Corporation is P93000056735.

- The name of this corporation is hereby changed to:
 Tricor Service Corp.
- 2. The Amendment was recommended by the Board of Directors to the Corporation's shareholders on September 17, 1997.
- 4. The Amendment was approved by the holders of a majority of the Corporation's common stock, which is the only group of the Corporation's shareholders entitled to vote on the Amendment, and the number of votes in favor of the Amendment was sufficient for approval.

I HEREBY CERTIFY that the above changes have been authorized by resolution duly adopted by the Board of Directors and the Shareholders of this corporation on the _____ day of September, 1997.

This Amendment is dated this 17 day of September, 1997.

TRICOR MULTI-FAMILY, INC., a Florida corporation

Barbara J Abrass, Presiden

STATE OF FLORIDA	
COUNTY OF SEMIN	40 rE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the aforesaid State and County, to take acknowledgements, personally appeared Barbara J. Abrass, as President of Tricor Multi-Family, Inc., to me known to be the person described in or who has produced a driver' license as identification and who executed the foregoing instrument and she acknowledged before me that she executed the same for the uses and purposes therein expressed on behalf of said Corporation.

WITNESS my hand and official seal in the County and State last aforesaid this \(\frac{\gamma}{2} \) day of September, 1997.

Mass 1 DITO

(Print Name)

Notary Public/State of FLORIDA

My Commission Expires:

