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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: C&C TITLE AGE	NCY, INC.			
DOCUMENT NUME	BER: P94000082847		44411		
	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following			
	CAROLYN MARTINEZ				
		Name of Contact Persor	1		
	C&C TITLE AGENCY, INC				
		Firm/ Company			
	9415 SUNSET DR., #290				
	Address				
	MIAMI, FL 33173				
		City/ State and Zip Code			
CMA	RTINEZ@CANDCTITLE.C	ОМ			
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	a concerning this matter, pleas	se call:			
CAROLYN MARTINEZ		at (305	271-8333		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	□\$43.75 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation 2017

of

C&C TITLE AGENCY, INC.

15 AUS 11 MI 9: 57

(<u>Name</u>	of Corporation as currently	filed with the Flo	rida Dept. of State	<u>2</u>)
P94000082847	TÄLLAHASSEE, FLONDA			
	(Document Number of	Corporation (if kno	own)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corp	oration adopts the	following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	NA	(The new
name must be distinguishable and con "Corp.," "Inc.," or Co" or the design word "chartered." "professional associates. Enter new principal office address,	nation "Corp." "Inc," or "C ntion," or the abbreviation "P if applicable:	o". A professiona		or the abbreviation
(Principal office address MUST BE A S	TREET ADDRESS)			
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If arranding the registered agent as	ÖFFICE BOX)	as in Florida ante	N/A	
D. If amending the registered agent ar new registered agent and/or the ne		ss in Piorida, enic	r the name of the	
Name of New Registered Agent	CAROLYN MARTINEZ			
	9415 SUNSET DRIVE, #29	0	 	
	(Florida stree	et address)		
New Registered Office Address:	MIAMI, FL		. Florida	33173
	(0	City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the o	obligations of the p	osition.
	Signature of New Re	aistared Agent if c	hanaina	

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	<u>PT</u>	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		
1) Change	DPT	CONSUELO FERNANDEZ	9360 SUNSET DR., 256		
Add			MIAMI, FL 33173		
X Remove					
2) Change	DPT	CAROLYN MARTINEZ	9415 SUNSET DRIVE, #290		
X Add			MIAMI, FL 33173		
Remove					
3) Change		 			
Add					
Remove					
4) Change					
Remove					
5) Change					
Add					
Remove			-		
6) Change					
, Add			-		
Remove					

E. If ar	nending or adding additional Articles, enter change(s) here: ch additional sheets. if necessary). (Be specific)
	res will be fully owned by Carolyn Martinez
	•
F. If ar	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	(y noi applicable, indicale N/A)

The date of each amendment(s	adoption:	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	pon Receipt	
и арумсаве	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	37	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and shareholder	
8/10/201 Dated	5	
selec	a director, president or other officer – if directors or officers have not be sted, by an incorporator – if in the bands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	en ourt
	CAROLYN MARTINEZ	
	(Typed or printed name of person signing)	
	CURRENT VP, NEW PRESIDENT BEING APPOINTED	
	(Title of person signing)	