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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Franklin Surveyin	g & Mapping, Inc.	
	IBER: P95000003349		
	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Robert Moon		
		Name of Contact Person	n
	Franklin Surveying & Mapp	ing, Inc.	
		Firm/ Company	
	1012 Emmett Street, Suite A	, ,	
		Address	
	Kissimmee, FL 34741		
		City/ State and Zip Cod	e
RM	oon@KPMFranklin.com		
		sed for future annual report	notification)
		·	,
For further informati	on concerning this matter, plea	se call:	
Cinthya Rivera		. 407	994-4444
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number
r> 1 17 1 17			
enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FRANKLIN SURVEYING & MAPPING, INC.

(Name	of Corporation as curren	itly filed with the Florida Dept. of St	ate)
P95000003349			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts th	ne following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	"Co". A professional corporation u	The new or the abbreviation ame must contain the
B. Enter new principal office address,	if applicable:	1012 EMMETT STREET, SUITI	EA ~
(Principal office address MUST BE A S		KISSIMMEE, FL 34741	5 X
			N 2
C. Enter new mailing address, if appl	ianklar		্ত ব
(Mailing address MAY BE A POST			P P
			μ Ψ
			177
			
D. If amending the registered agent an new registered agent and/or the new registered agent and/or the new registered.			<u>1e</u>
Name of New Registered Agent	ROBERT MOON	_	
	6300 HAZELTINE NAT	TIONAL DRIVE, SUITE 118	
	(Florida s	treet address)	
New Registered Office Address:	ORLANDO	Floric	32822 la
- 		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	ıt:	
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the	position.
. /			
L	Willy N		
	Signature of New	Registered 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.

Frample:

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	PRECOURT, STEPHEN	1012 WEST EMMETT STREET
Add			KISSIMMEE, FL 34741
X Remove			
2) Change	V	ENOT, MICHAEL	6300 HAZELTINE NATIONAL D
Add			SUITE +18
X Remove			ORLANDO, FL 32822
3) Change	V	BULLION, MURRY	1012 WEST EMMETT STREE
Add			KISSIMMEE, FL 34741
X Remove			
4) Change	v	HOLT, DANIEL	6300 HAZELTINE NATIONAL D
Add			SUITE 118
X Remove			ORLANDO, FL 32822
5) Change			
Add			
Remove			· .
6) Change			
Add			
Remove			

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.

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X Change	<u>PT</u> <u>John</u>	ı <u>Doe</u>	
X Remove	V Mike	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	D, P	KELLY, JOHN	1012 WEST EMMETT STREET
Add			KISSIMMEE, FL 34741
Remove			
2) X Change	D, CEO	MOON, ROBERT	6300 HAZELTINE NATIONAL D
Add			SUITE 118
Remove			ORLANDO, FL 32822
3) X Change	D, S	FRANKLIN, THOMAS O. III	1012 WEST EMMETT STREET
Add			KISSIMMEE, FL 34741
Remove			
4) X Change	D, V	PULICE, JOHN	1012 WEST EMMETT STREET
Add			KISSIMMEE, FL 34741
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional At al sheets, if necessary)	. (Be specific)				
						
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	<u>_</u>			-		
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<u></u>	<u>_</u> _				· · ·	
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f an amendmen	it provides for an exc	change, reclassific	ration or cancella	ition of issued sh	arec	
provisions for i	<u>implementing the am</u>	endment if not co	ntained in the an	nendment itself:	21 6.74	
(if not appli	icable, indicate N/A)					
<u>-</u> <u>-</u>				_	_	
				 -		
						
						

The date of each amendment(s) adoption date this document was signed.	:	_, if other than the
date this document was signed.		
Effective date <u>if applicable</u> ;	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	ses not meet the applicable statutory filing requirements, this date will not of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
☐ The amendment(s) was/were approved be must be separately provided for each vo	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
■ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
11/15/2019 Dated		
Signature		
(By a director, selected, by ap-	president or other officer – if directors or officers have not been proporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	_
Robert	Moon	
	(Typed or printed name of person signing)	
	C60	
-	(Title of person signing)	