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TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
NAME OF CORPORATION: Appraisal Central, Inc. DOCUMENT NUMBER: P97000 90016
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Douglas W Mauborgne Name of Contact Person Appraisal Central, Inc Firm/Company 5304 S. Florida Avenue, Ste. 7 Address Lakeland, FL 33813 City/State and Zip Code doug moby @ hotmail.com/ E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation

Appraisal Central	Tno
(Name of Corporation as currently filed with the Flor	ida Dent of State)
P97000090016	nua Dept. of State)
(Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpo</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional word "chartered," "professional association," or the abbreviation "P.A."	The new incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED
l. If amending the registered agent and/or registered office address in Florida, enter t new registered agent and/or the new registered office address:	he name of the
Name of New Registered Agent	
S304 S. Flori (Florida street address) New Registered Office Address: Lakeland (City)	da Avenue, Suite Florida_3813 Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the oblig	gations of the position.
Signature of New Registered Agent, if change	ging

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.

Example:	i, unu sai	iy Smun, 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>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add		-	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Alli	ach <i>additio</i>	onal sheets	, if necessa	iry). (Be	specific)	nge(s) here	•				
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The date of each amendment(s) adoption: 10-11-18, if other than the date this document was signed.
Effective date if applicable: 10-11-18
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
by
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)