V14463

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Keystone Title Agency, Inc. DOCUMENT NUMBER: V14463 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anthony J. Missina, Esa Firm/ Company 9735 US Highway 19 POST RICHEY PL 34668
City/ State and Zip Code Anthony @ KStFL, Com
E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Mame of Contact Person at (E13) 997 - 1803

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations Clifton Building

Articles of Amendment

Articles of Amendment			
to			
Articles of Incorporation of			
Kustens Title Arency Inc.			
(Name of Corporation as currently filed with the Florida Dept. of State)			
(Mainte of Corporation as currently filed with the addition Dept. of State)			
(Document Number of Corporation (if known)	 ,		
(Bocument Number of Corporation (it known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	llowing ame	:ndme	nt(s) t
A. If amending name, enter the new name of the corporation:			
	77he	new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "PA."			
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)			
manag address MAT OL A FOST OFFICE BOA			
	اما الأيان الما المانية	9	
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	al Production	_	,
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		တ	
		Á.	
Name of New Registered Agent		₩	
	<u> </u>		
(Florida street address)			
New Registered Office Address:, Florida			
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:			
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pos	ition.		
Signature of New Registered Agent if changing			
Nanature of New Real Greet Joint of Changina			

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: X Change	<u>PT</u> <u>John</u>	<u>l Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	<u>s Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	ΔD	Mercedes G. Hall, Esq.	9735 US Highway 19
Add			Port Michey FL 34468
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
-	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if was another M. indiana Mil)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	n the
date this document was signed.	
Effective date if applicable: 9-12-19	
(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 document's effective date on the Department of State's records.	s the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 9/12/19	
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)	
President (Title of person signing)	