P04000058408

(F	Requestor's Name)	
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(Document Number)		
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SECRETARY OF STATE PARTORS FOR TARY OF CORPORATION OF CORPORATION OF THE PH 1:25

NOV 1.9 2013 T. LEMIEUX

COVER LETTER

Division of Corporations N. ME OF CORPORATION: C. G. Investments of Naples, Inc. POCUMENT NUMBER: P0400058408 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christian R. Galt Name of Contact Person Galt Insurance Group, Inc. Firm/ Company 900 5th Avenue S #201 Address Naples, Florida 34102 City/ State and Zip Code chris@galtinsurance.com E-mail address: (to be used for future annual report notification) For further may mation concerning this matter, please call: at (239) 254-0127

Area Code & Daytime Telephone Number Christian Galt Name of Contact Person 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

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

C. G. Investments of Naples, Inc.		<u> </u>
(Name of Corporation as currently filed with the	Florida Dept. of State)	
204000058408		_
(Document Number of Corporation	(if known)	
dursuant to the provisions of section 607.1006, Florida Statutes, this section of Incorporation:	s Florida Profit Corporation adopts the following	ng amendment(
s. If amending name, enter the new name of the corporation:		
Galt Insurance Group, Inc.		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must	ıbbreviation
B. Enter new principal office address, if applicable:	900 5th Avenue S #201	
Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34102	_
		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	900 5th Avenue S #201	
	Naples, FL 34102	- -
). If amending the registered agent and/or registered office add	Iress in Florida, enter the name of the	_
new registered agent and/or the new registered of fice addres		
Name of New Registered Agent		ي. م <u>حد</u> هيو
365 5th Avenue	e S #301	3 5
(Florida si	treet address)	2
New Registered Office Address: Naples	, Florida 34102	SINK OF FORM
(City	(Zip Code)	
lew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar		 -25
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.

Example: X Change	<u>PT</u> <u>Johr</u>	1 Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sath</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DVPT	Natalie Campbell	7078 Sugar Magnolia Circle
Add			Naples, FL 34109
Remove			
2) Change	DPS	Christian Galt	365 5th Avenue S #301
Add			Naples, FL 34102
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artic Muach additional sheets, if necessary).	(Be specific)
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	adment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	···
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following s 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	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	der
Dated	
Signature A Caet	
(By a director, president wither officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Christian Galt	
(Typed or printed name of person signing)	
President	
(Title of person signing)	