P880000109

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

APPROVED AND FILED



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: FLORIDA	/N COMPANY,	INC.
DOCUMENT NUMBI	P080000010	9	
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
ľ	Mai Vu, Esq.		
_		Name of Contact Persor	<u> </u>
	/u Legal, P.A.		
		Firm/Company	
<u> </u>	3730 49th St. N,	Ste 14	
		Address	
ŀ	Pinellas Park, F L	33782	
-		City/ State and Zip Code	2
Mai(@Vulegal.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Mai Vu		at (813	344-5828
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, 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

FLORIDA VN COMPAN'	Y, INC.					
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)				
P0800000109						
(Documen	t Number of Corporation (if	known)		_		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fa	lorida Profit Corporation ado	pts the following	ng amen	dment(:	s) to
A. If amending name, enter the new na	me of the corporation:					
First Insurance Agency, I	nc.			The	new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ain the word "corporation, ation "Corp," "Inc," or "C	o". A professional corporati .A."		bbrevia	tion	
B. Enter new principal office address,		N/A		£200	Z	
(Principal office address <u>MUST BE A ST</u>	TREET ADDRESS)			AR'	_	FILED
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A		OF STATE	AM 11: 39	<u>0</u>
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		ss in Florida, enter the name	e of the	_		
	(Florida stree	et addrass)				
New Registered Office Address:	N/A	, Florida		_		
	(City)		(Zip Code)			
New Registered Agent's Signature, if cl 1 hereby accept the appointment as regist			of the position.			

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	PT John I	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	NA		
Add Remove			
2) Change	N/A		
Add Remove			
3) Change	N/A		
Add			
4) Change	N/A		
Add Remove	·		
5) Change	NA		
Add Remove	r		
6) Change	NIA		
Add	1 		
Remove			

If amending or adding addition (Attach additional sheets, if necessity)	nal Articles, enter change	e(s) here	
N/A		· · · · · · · · · · · · · · · · · · ·	
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	,		
	· · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	·····	
			<u>. </u>
If an amendment provides for provisions for implementing	<u>an exchange, reclassifica</u> the amendment if not cor	<u>tion, or cancellation of i</u> itained in the amendmen	ssued shares. it itself:
(if not applicable, indicate	N/A)		
N/A			
17/		•	
	.		
		 	·
			
	· · · · · · · · · · · · · · · · · · ·		

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 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	
(voting group)	
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 66/09/2014	
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)	
Andrew N. Nguyen	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	_