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1/20/15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Faine, Fin	wall & Campbell	Insurance Inc.
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Maurice Campb	ell	
	Name of Contact Person	1
Faine, Finwall &	Campbell Insura	
	Firm/ Company	
1000 N. Magnol	ia Ave. Suite A	
	Address	
Orlando, FL 328	303	
	City/ State and Zip Cod	e
tfinwall@ffcins.com		
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ease call:	
Maurice Campbell	_{at (} 321	304-7410
Name of Contact Person	Area Code & Daytime Telephone Num	
Enclosed is a check for the following amount mad	e payable to the Florida Depa	artment of State:
■ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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

FILED.

are 184 16 PM 4: 28

Faine, Finwall,& Campbell Insurance,Inc	SOLO THE CLOSE
(Name of Corporation as currently filed with the F	TALLAHASSEE, FLORIDA
(Document Number of Corporation (i	
Pursuant to the provisions of section 607.1006, Florida Statutes, this at Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
N. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
	N/A
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)	N/A
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address Name of New Registered Agent N/A	
Name of New Registerea Agent	
. (Florida str	reet address)
New Registered Office Address: N/A	. Florida
(City)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New Registered	with and accept the obligations 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	<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>	<u>Name</u>	Address
1) Change	PD	Thomas Joseph Finwall	815 E. Concord St.
Add			Orlando, FL 32803
Remove			
2) Change	D	Thelma Campbell	112 Kruger St.
Add			Orlando, FL 32806
Remove			
3) Change			
Add			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
n amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
<u>ovisions for implementing the ame</u>	endment if not contained in the amendment itself:
/16	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment date this document was signed	t(s) adoption: January 13th, 2015	, if other than the
Effective date if applicable:	January 13th 2015	
Effective date <u>it appreasie</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated Jan	uary 13th 2015	
Signature _		
	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Maurice Campbell	
	(Typed or printed name of person signing)	
	Chief Operating Officer	
	(Title of person signing)	_