PIIDODODINA

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	Business Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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UNVISION OF CORPORATIONS

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Amend (104.30.11

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: KOB SEMANS INSURANCE Agency, INC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 639 15t ST. South
Address

Winter Haven, FL 33880

City/ State and Zip Code Semans I @ AoC - Com Idress: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □ \$43.75 Filing Fee & \$52.50 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation	Articles	of	Incorr	oration
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Poh Long	of	rance Agenc	uln
(Name of Corporation as curre	ntly filed with the Florida		4 11 /
PII	カカカカカバ	118	
(Document Num	ber of Corporation (if know	<u>r </u>	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts	the following
A. If amending name, enter the new name of	the corporation:		
			ne new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "professional contains the co	designation "Corp," "Inc,	" or "Co". A professional corpo	
B. Enter new principal office address, if appl			
(Principal office address <u>MUST BE A STREET</u>	(ADDRESS)		QV IS
			. Store
			B SEE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	SE BOX)		0 000
			4 8 A
			.10
D. If amending the registered agent and/or re	enistered office address in	Florida enter the name of the	
new registered agent and/or the new regis		11 Iorius, ener the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	ddress)	
-		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag		nd accept the obligations of the po	sition.
Si	gnature 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) **Address Title** Name **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Connect Name from , Anticle VI and Anticle VII F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

Thể đate of each amendment	(s) adoption: $4/12/1$
	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated	4/12/11 Mund Emans
Signature	
	a director, president or other officer – if directors or officers have not been
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
	Robert Semans
	(Typed or printed name of person signing)
	President
	(Title of person signing)