P13000017685

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Addiess) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Stomess Line) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AND

C. LEWIS NOV 1 4 2013 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2013

RODIANA ANDIS 5951 PINE RIDGE RD NAPLES, FL 34119

SUBJECT: ANDIS INSURANCE INC

Ref. Number: P13000017685

We have received your document for ANDIS INSURANCE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 313A00025782

Carol Mustain Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person 22@ Hol. Com. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & □\$52.50 Filing Fee S35 Filing Fee ☐\$43.75 Filling Fee & Certificate of Status Certified Copy Certificate of Starus (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address
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
Tallabassee, FL 32301

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation

13 NOV 12 PM 4: 37

| | of CECONETIAL |
|--|--|
| HNDS INSURANCE | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| (Name of Corporation as currently filed y | with the Florida Dept. of State) |
| <u> </u> | <u>-</u> |
| (Document Number of Corp | poration (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation: | tures, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corpor | ration: |
| ANDIS INSURANCE | AGENCY, INC. The new |
| name must be distinguishable and contain the word "c | corporation," "company," or "incorporated" or the abbreviation htc." or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES | <u>22</u>) |
| C. Enter new mailing address, if applicable; (Malling address MAY BE A POST OF FICE BOX) | 5951 Pine Ridge RD Noples, PL 34119. |
| D. If amending the registered egent and/or registered of new registered agent and/or the new registered office | |
| Name of New Registered Agent | |
| | Florida street address) |
| New Registered Office Address: | , Florida |
| | (Cip) (Zip Code) |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am | |
| signature of New Ko | gisterea Agent, ij changing |

Page 1 of 4

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.

| X Change | PT | John Doe | |
|-------------------------------|-----------|-------------|----------------|
| X Remove | ¥ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Address</u> |
| 1) Change | | | |
| Add | | | |
| | | | |
| 2) Change | | | |
| Remove | | | |
| 3) Change | | | |
| Add Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | · |
| 5) Change | | | ~18 |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Remove | | | |

| smending or adding additional Articular Articu | (Be specific) |
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| f an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: |
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the

| | 13 NOV 12 DV |
|---|---|
| The date of each amendment(s) adoption: | 13 NOV 12 PM 4: if other than |
| CIPIE COLUMNICATE MES SIGNACE. | SECRETARY OF STATE |
| Effective date if applicable: | SECRETARY OF STATE TALLAHASSEE. FEORIDA |
| (no more i | nan 90 aays after amenament file tallef |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval. | . The number of votes cast for the amendment(s) |
| The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entiti | rs through voting groups. The following statement ed to vote separately on the umendment(s): |
| "The number of votes cast for the amendment(s) wa | as/were sufficient for approval |
| by | , w |
| (voting group) | |
| The amendment(s) was/were adopted by the board of direction was not required. | ectors without shareholder action and shareholder |
| The amendment(s) was/were adopted by the incorporator action was not required. | s without shareholder action and shareholder |
| Dated 11-14-13. | |
| Signature X | Hell |
| (By a director, president or other | er officer - if directors or officers have not been |
| selected, by an incorporator — a appointed fiduciary by that fidu | f in the hands of a receiver, trustee, or other court |
| • | |
| PODIA | NA ANDIS |
| | d or printed name of person signing) |
| Pre | sident. |
| | (Title of person signing) |