P13000092146

(Re	equestor's Name)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
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(Document Number)			
Certified Copies	_ Certificates	s of Status	
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SECRETARY OF STATI

AUG 1 7 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Covington Insuran	ce Group Inc			
DOCUMENT NUMB	ER: P13000092146				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Carrie-Lee Covington				
-		Name of Contact Person	1		
	Covington Insurance Group Inc				
-		Firm/ Company			
	270 NW Peacock Blvd Ste 1	04			
-	Address				
	Port Saint Lucie FL 34986				
-		City/ State and Zip Cod	e		
coving	gtoninsuranceagency@yahoo	.com			
		sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Carrie-Lee Covington		at (de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)		
Amer Divis P.O.	ing Address Indment Section It ion of Corporations Box 6327 hassee, 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 SECRETARY OF STAIL DIVISION OF CORPORATION

.2016 AUG -8 PM 2: 45

	s currently filed with the Florida Dept. of State)
Covington Insurance Group Inc.	P13000092146
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpo	ration:
	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "; word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	ee address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	
, , , , , , , , , , , , , , , , , , , ,	,,,,,,
Signature	e 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	<u>s</u>	Samuel R Covington	270 NW Peacock Blvd
Add			Ste 104
X Remove			Port Saint Lucie FL 34986
2) Change		_	
Add			
Remove			
3) Change			
Add		,	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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provisions for implementing the amo	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exc provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the amo	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

	August 4, 2016	ri i katua sa sa
The date of each amendment		JECRETARY OF STATE
date this document was signed.		DIVISION OF CORPORATION
Effective date if applicable:	August 4, 2016	0010 ALIO O TIL T
Effective date <u>if applicable</u> .	(no more than 90 days after amendment file date)	2016 AUG - 8 PM 2: 45
	this block does not meet the applicable statutory filing requirements, ne Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendere sufficient for approval.	dment(s)
	re approved by the shareholders through voting groups. The following and for each voting group entitled to vote separately on the amendment(
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	,,,	
<u> </u>	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and share re adopted by the incorporators without shareholder action and shareho	
Augu:	st 4, 2016	
Signature	anedo	
se	by a director, president or other officer – if directors or officers have no elected, by an incorporator – if in the hands of a receiver, trustee, or othe pointed fiduciary by that fiduciary)	
	Carrie-Lee Covington	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	