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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations 509 North, Inc. NAME OF CORPORATION: __ P18000038477 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rob Fontaine (Name of Contact Person) (Firm/ Company) 509A North Harbor City Blvd. Suite 1 (Address) Melbourne, Florida 32935 (City^a State and Zip Code) rfontaine@farmersagent.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rob Fontaine 537-0486 (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

509 North,	inc.		n 2 18
	(Name of Corporation as current	tly filed with the Florida Dep	त. कुर्भ असी
P1800003	8477		CHOPE TARY OF STATE
	(Document Numb	er of Corporation (if known)	SECRETARY OF STATE A TALLAHASSEE, FLORIDA
	he provisions of section 617,1006, Florida Statute s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i> (
A. If amen	ding name, enter the new name of the corporati		
	FONTAINE INS	ILANCE AGENCY,	INC. The new
name must <mark>("Company"</mark>	e distinguishable and contain the word "corporat or "Co." may not be used in the name.	ion" or "incorporated" or the	abbreviation "Corp." or "Inc."
D Entern	ew principal office <u>address,</u> if <u>applicable:</u>	509A North Harbor City Blv	⁄d
(Principal o	ffice address MUST BE A STREET ADDRESS	Suite 1	
		Melbourne, Florida 32935	
	new mailing address, if applicable: g address <u>MAY BE A POST OFFICE BOX</u>)		
	ding the registered agent and/or registered office a cistered agent and/or the new registered office a		ie name of the
	Name of New Registered Agent:		
	New Registered Office Address:	(Florida stre	ct address)
			, Florida
		(City)	(Zip Code)
	ered Agent's Signature, if changing Registered rept the appointment as registered agent. I am fa		gations of the position.
	_ ·	ignature of New Registered Ag	ent, 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 officer held, President, Treasurer, Director would be PTP.

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 X Remove X Add	PT John V Mike SV Sally	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Adares</u> s
1) Citange A d d			
Remove			
2) Change			
Add Remove			
3) Change Add	-		
Remove			
4) Change Add			
Remove			
5) Ghange			
Remove			
6) Ghange	***************************************		
Remove			

. <u>If amending</u> (a <i>ttach ad</i> iliti	g or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)
1	
<u> </u>	
-	
<u>-</u>	
<u> </u>	

ļ	7/9/2018	
		if other than the
date this docum	ment was signed.	
	7/9/2018	
Effective date i	(no more than 90 days after amendment file date)	•
	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be l fective date on the Department of State's records.	listed as the
Adoption of A	Amendment(s) (<u>CHECK ONE</u>)	
	adment(s) was/were adopted by the members and the number of votes cast for the amendment(s) sufficient for approval.	
	no members or members entitled to vote on the amendment(s). The amendment(s) was/were by the board of directors.	
	Dated 7/9/2018	
3	Signature	
ļ	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
l l	other court appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	115/Sec	
	/ (Title of person signing)	