260515

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Dasiness Entry Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Operation statements to 1 ming officer. |
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SECREPARE AND LINKS

Amendas

OCT 2 6 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: Ben Brown Insura | nce Agency Inc | |
|---------------------------------|--|--|--|
| DOCUMENT NUMB | | 240515 | |
| The enclosed Articles (| of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | Michael B Brown | | |
| | | Name of Contact Persor | 1 |
| | Ben Brown Insurance Agene | y Inc | |
| | | Firm/ Company | , |
| | 3731 S. Tuttle Avc | , , | |
| | | Address | |
| | Sarasota, FL 34239 | | |
| | | City/ State and Zip Code | e |
| and have | on Ciboub and a second | | |
| | wn@benbrownins.com and i | sed for future annual report | |
| | to-man address, two or in | seo for ratific annual report | noting any i |
| For further information | concerning this matter, pleas | se call: | |
| Michael B Brown | | 941 at (| 366-9373 de & Daytime Telephone Number |
| Name of Contact Person Area Cod | | de & Daytime Telephone Number | |
| Enclosed is a check fo | the following amount made | payable to the Florida Depa | artment of State: |
| □ \$35 Filing Fee | ☑S43.75 Filing Fee & Certificate of Status | □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amo Divi P.O. | ling Address Indiment Section Ission of Corporations Box 6327 Inhassee, FL 32314 | Ameno Divisio Cliftor | Address Iment Section on of Corporations Building Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

αf

BEN BROWN INSURANCE AGENCY, INC.

| (Name o | f Corporation as current | ly filed with the Florida | Dept. of State) | · |
|--|---|-----------------------------------|---|----------------------------|
| | つ (i(| 2515 | | |
| | (Document Number | of Corporation (if known) | | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006. Florida Statutes, this | . Florida Profit Corporat | tion adopts the following | g amendment(s) to |
| A. If amending name, enter the new na | me of the corporation: | | | |
| N/A | | | | The new |
| name must be distinguishable and con- "Corp" "Inc.," or Co" or the design word "chartered," "professional associa B. Enter new principal office address, | ation "Corp," "Inc," or tion," or the abbreviation | "Co". A professional co | ncorporated" or the a orporation name must | bbreviation contain the |
| (Principal office address MUST BE A S | TREET ADDRESS) | | | |
| | | | 7.25 2.20 | 77 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | 276 775 927 | |
| | | | | |
| D. If amending the registered agent an new registered agent and/or the new | | | he name of the | |
| Name of New Registered Agent | N/A | | | |
| the state of the s | . | | | _ |
| | (Florida s | treet address) | <u> </u> | _ |
| | N/A | | 171 | |
| New Registered Office Address: | | (City) | , Florida <i>(Zip</i> | Code) |
| | | | | |
| New Registered Agent's Signature, if of I hereby accept the appointment as regis. | hanging Registered Ager tered agent. I am familia | nt: r with and accept the obli | gations of the position, | |
| | Signature of New | Registered Agent, if char | nging | <u></u> |

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> | <u>Addres</u> s |
| 1) Change | <u>T</u> | Russell B Brown | |
| Add | | | <u> </u> |
| Remove | | | |
| 2) X Change | SVD | Evan R Brown | 3731 S Tuttle Ave |
| Add | | | Sarasota, Fl 34239 |
| Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Add Remove | | | |

| C. If amending or adding additional Artic (Attach additional sheets, if necessary). | (Be specific) |
|---|--|
| N/A | |
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| 2. If an amondment provider for an eval | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| N/A | |
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| | 10/11/2018 | *** |
|---|--|---------------------------------------|
| The date of each amendment(s) | adoption: | , if other than the |
| date this document was signed. | | |
| | /11/2018 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | (no more than 90 days after amenament file date) | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements 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/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amer sufficient for approval. | ndment(s) |
| ☐ The amendment(s) was/were a must be separately provided f | pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment | statement (s): |
| | st for the amendment(s) was/were sufficient for approval | |
| hy | (voting group) | |
| <u> </u> | (voting group) | |
| action was not required. | dopted by the board of directors without shareholder action and sh dopted by the incorporators without shareholder action and shareh | |
| action was not required. | | |
| 10/11/20 | 18 | |
| Dated | | |
| | | |
| Signature | Mull fig | |
| selec | a director, president or other officer – if directors or officers have reted, by an incorporator – if in the hands of a receiver, trustee, or officer fiduciary by that fiduciary) | not been ther court |
| | Michael B Brown | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |