## 273705

(Requestor's Name)	
(Address)	·
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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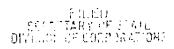
V.3.5

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GEORGE ROBE	RTS INSURANCE, INC.		
DOCUMENT NUMI	373705 BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	C. SCOTT ROBERTS			
		Name of Contact Persor	1	
	GEORGE ROBERTS INSURANCE, INC			
	<del> </del>	Firm/ Company		
	986 N TEMPLE AVE			
	Address			
	STARKE, FLORIDA 3209	1		
		City/ State and Zip Code		
cs	R@GEORGEROBERTSIN	S.COM		
	E-mail address: (	to be used for future annua	report notification)	
For further information	n concerning this matter, pleas	se call:		
C. SCOTT ROBERTS		904 at (	838-9398	
Name o	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

## Articles of Amendment to Articles of Incorporation of



GEORGE ROBERTS INSURANCE, INC

15 APR 21 AM 7:51

aconde nobento insonanoe, ino	
(Name of Corporation as currently filed wi	ith the Florida Dept. of State)
273705	
(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statu Incorporation:	utes, this corporation adopts the following amendment(s) to its Articles of
A. If amending name, enter the new name of the corpora	ation:
	The new
	orporation," "company," or "incorporated" or the abbreviation ac, " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	Σ)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(making duaress MAT BE A 1031 OF FICE BUA)	<del></del>
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fi	
Signature of New Reg	gistered 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	<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	SEC	CYNTHIA N. ROBERTS	986 N TEMPLE AVE
Add			STARKE, FLORIDA 32091
X Remove			
2) Change	SEC	LORI A. THOMPSON	986 N TEMPLE AVE
X Add			STARKE, FLORIDA 32091
Remove			
3) Change			
Add			<del></del>
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	If amending or adding additional Articles, er (Attach additional sheets, if necessary). (Be	specific)
_		
_		
_		
_		
_		
_		
_		
<u>Ií</u>	f an amendment provides for an exchange, re	eclassification, or cancellation of issued shares,
1	provisions for implementing the amendment i (if not applicable, indicate N/A)	if not contained in the amendment itself:
	( <b>3</b>	
_		
_		

The date of each amendment(s) a	doption:		_, if other than the
date this document was signed.		SEMATAR DIVISIONATE	if other than the
Effective date <u>if applicable</u> :	(no more than OA days after amondment file date	21 45 400 4	_
	(no more than 90 days after amendment file date	7 15 APR 21	AM 7:51
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amountained for approval.	endment(s)	
	proved by the shareholders through voting groups. The following 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	,°°		
,	(voting group)		
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and s	hareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and sharel	holder	
4/17/2015	5		
Dated			
Signature X		_	
(By a c	lirector, president or other officer - if directors or officers have		_
	d, by an incorporator – if in the hands of a receiver, trustee, or a ted fiduciary by that fiduciary)	other court	
	C. SCOTT ROBERTS		
	(Typed or printed name of person signing)		-
	PRESIDENT		
	(Title of person signing)		_

 $\boldsymbol{e} = \{e_{ij}, e_{ij}, e_{i$