293194

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Don Page Agend	y, Inc.	
DOCUMENT NUN	293194		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	itter to the following:	
	Matthew Maniscalco		
		Name of Contact Persor	1
	Don Page Agency, Inc.		
		Firm/ Company	
	500 East New York Avenu	re	
		Address	
	DeLand, FL 32724		
		City/ State and Zip Code	<u></u>
	mmoniccolco@aggainsurs	nnagaganey com	
	mmaniscalco@pageinsura	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
Matthew Maniscal	со	386	734-9642
Nam	e of Contact Person		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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amend Divisio The Co	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Don Page Agency, Inc.			
(Name	of Corporation as currently	y filed with the Florida Dept. of State)	
293194			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cateriared," "professional association,"	${\it Corp.''}$ "Inc." or " ${\it Co".}$ A	company," or "incorporated" or the abbrevial professional corporation name must cont	ntion "Corp.," tain the word
B. Enter new principal office address, (Principal office address MUST BE A S			
(Principal office address MOST BE AS	TREET ADDRESS)		
			= = = = = = = = = = = = = = = = = = = =
			<u>N</u>
C. Enter new mailing address, if appl			_
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		111:154
			<u></u>
D. If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent	Matthew Maniscalco		
	500 East New York Aver	nue	
	(Florida stre	eet address)	
New Registered Office Address:	DeLand	32724 Florida	4
<u>New Registered Office Address.</u>			ip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		: with and accept the obligations of the position	n .

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	Doreen K. Courtheyn	500 E. New York Avenue
Add			DeLand, FL 32724
X Remove 2) Change	PT	Matthew Maniscalco	500 E. New York Avenue
Add			DeLand, FL 32724
Remove 3) Change			
Add			
Remove 4) Change			
Add	-	-	
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

	additional Articles, enter changes, if necessary). (Be specific)		
			
	· <u> </u>		
	190		
an amendment prov	des for an exchange, reclassifica	tion, or cancellation of issued	shares,
rovisions for implen (if not applicable,	enting the amendment if not con	itained in the amendment itse	<u>II:</u>
(11 11()) (11/1)11((11/1))	milette (1721)		
()			

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The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment 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, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	
	(voting group)
August 6 Dated	, 2020
Signature	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Matthew Maniscalco
	(Typed or printed name of person signing)
	President
	(Title of person signing)