293194

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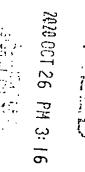
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Don Page Agency,	Inc.	
DOCUMENT NUM			
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Matthew Maniscalco		
		Name of Contact Persor	1
	Don Page Agency, Inc.		
		Firm/ Company	
	500 East New York Avenue		
		Address	
	DeLand, FL 32724		
		City/ State and Zip Code	:
	mmaniscalco@pageinsurance	eagency.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Matthew Maniscalco)	at (386	734-9642 de & Daytime Telephone Number
Name	e 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:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

Don Page Agency, Inc.			···	
(Name of Corporation as	currently filed with	the Florida Dept. of State))	
293194				
(Document)	Number of Corporation	ı (if known)		
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this <i>Florida Prof</i>	fit Corporation adopts the fo	ollowing amendme	ent(s)
A. If amending name, enter the new name of the corpor	ration:			
<u></u>			The new	
name must be distinguishable and contain the word "corpor "Inc" or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	"Co". A profession	r "incorporated" or the abb al-corporation name must	reviation "Corp" contain the word	 d
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u> </u>			
	-			
				العديث م
C. Enter new mailing address, if applicable:			007	1
(Mailing address MAY BE A POST OFFICE BOX)			2	e protest
				1
		-	<u> </u>	
			<u> </u>	4.5
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		da, enter the name of the	91	
Name of New Registered Agent				
rame of new regimered rigen				
	Florida street address)			
New Registered Office Address:		Florida		
	(City)		(Zip Code)	
N. D. C. Lander Burker				
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ea Agent: familiar with and acce	ept the obligations of the po	sition.	
	-	•		
				
Signature	of New Registered Ag	ent, 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	VDS	Marcie L. Kirkland	500 E. New York Avenue
Add			DeLand, FL 32724
X Remove			
2) X Change	VDS	Phyllis L. Matthesen	500 E. New York Avenue
Add			DeLand, FL 32724
Remove 3) X Change	PDT	Matthew Maniscalco	500 E. New York Avenue
Add			DeLand, FL 32724
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets.	dditional Articl if necessary).	(Be specific)				
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f an amendment provid provisions for impleme	es for an excha	inge, reclassifica	i <u>tion, or cancell</u> itained in the ai	<u>ation of issued :</u> mendment itsel	shares, f·	
(if not applicable, in	dicate N/A)	dillent ii not to	tanca m the a	arendinent total	<u></u>	
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	loption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendr fficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	11	
	(voting group)	
October 22. Dated	. 2020	
Dated		
	N/w/_	
	rector, president or other officer - if directors or officers have not be	
	 by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary) 	cour
	Matthew Maniscalco	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	