## 293194

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
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(Dc	ocument Number)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: DON PAGE AGE	NCY, INC.		
DOCUMENT NU				
	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	itter to the following:		
	Matthew Maniscalco			
	<del></del>	Name of Contact Persor	1	
	Don Page Agency, Inc.			
		Firm/ Company		
	500 East New York Avenue			
	<del></del>	Address		
	DeLand, FL 32724			
		City/ State and Zip Code		
	mmaniscalco@pageinsuranc	eagency.com		
	<del>-</del>	sed for future annual report	notification)	
For further informa	tion concerning this matter, plea	se call:		
Matthew Maniscalco		at ( <u>386</u>	734-9642 de & Daytime Telephone Number	
Name 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:	
■ \$35 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			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 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 filed with the Florida Dept. of State) 293194 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) \_. Florida\_ New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing 6: 35 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)

Example:

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>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	Directo	or —	Doreen K. Courtheyn	500 East New York Avenue
Add				DeLand, FL 32724
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

mending or adding additional Arti ach additional sheets, if necessary).	(Be specific)				
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n amendment provides for an exc	hunga saalassifiaatia	n ar cancellation	of icenad charge		
n amendment provides for an exc ovisions for implementing the am	endment if not contain	ned in the amend	ment itself:	1	
(if not applicable, indicate N/A)					
(3)					
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June 1, 2021	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
June 1, 2021  Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):  "The number of votes east for the amendment(s) was/were sufficient for approval	
by	202
(voling given)	<del></del>
hum. 25, 2021	毫
June 25, 2021 Dated	2021 JUN 28
Signature	7
(By a director, president or other officer - if directors or officers have not been	<u></u>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<u>သ</u> 5
MATTHEW MANISCALCO	
(Typed or printed name of person signing)	<del>-,</del>
PRESIDENT/DIRECTOR/TREASURER	
(Title of person signing)	

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