359798

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COVER LETTER

TO: Amendment Section Division of Corporations

,

NAME OF COR	RPORATION: MILTON CARPE	NTER INSURANCE, INC				
	UMBER: 359798					
	icles of Amendment and fee are su	abmitted for filing.				
Please return all c	correspondence concerning this ma	itter to the following:				
	Donia A. Roberts					
		Name of Contact Person	1			
	Donia A. Roberts, P.A.					
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·			
	257 S.E. Dr. Martin Luther K	ling Jr. Blvd.				
		Address				
	attonrey@doniarobertspa.cor	n				
	**	City/ State and Zip Code	2			
	Belle Glade, FL 33430					
	E-mail address: (to be us	sed for future annual report	notification)			
For further inform Donia A. Roberts	nation concerning this matter, plea	se call:	993-0990			
N	ame of Contact Person	\ <u></u>	de & Daytime Telephone Number			
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fe	ee S43.75 Filing Fee & Certificate of Status	S43.75 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 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED

MILTON CARPENTER INSURANCE, INC (Name of Corporation as currently filed with the Florida Dept. of State) 359798 (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: N/A 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: Margaret Ruth Brady Name of New Registered Agent 7948 Plantation Lakes Drive (Florida street address) Port St. Lucie New Registered Office Address (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.

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.

X Change	<u>PT</u>	John Doe	
X Remove	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) X Change	P	Margaret R. Brady	7948 Plantation Lakes Drive
X Add			Port St. Lucie, FL 34986
Remove			
2) X Change	TS	Marion Primmer	785 Tammy Road
X Add			Clewiston, FL 33440
Remove 3) Change	SPD	Milton O. Carpenter	135 SE AVE C
Add			Belle Glade, FL 33430
X Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary)	. (Be specific)		
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an amendment provides for an exprovisions for implementing the an	nendment if not contained	I in the amendment it:	self:
(if not applicable, indicate N/A)			
			-

N/A
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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 cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
2/22/2022 Dated
Signature (By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed tiduciary by that fiduciary)
Margaret R. Brady
(Typed or printed name of person signing)
Vice President
(Title of person signing)