# 361181

(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	
(, ,,2	31000)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
,	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
4,	<b></b>	
<u> </u>		

Office Use Only



900321887179

12/11/18--01001--009 \*\*105.00

2018 DEC 10 AM 8: 58

C. GOLDEN DEC 11 2018

# CORPORATE ACCESS, \_\_\_\_\_

\*CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fab. (350) 222-1666

## **WALK IN**

]	CERTIFIED COPY		
	РНОТОСОРУ		
]	CUS		
c	FILING	AMENDMENTS	
	GULFSHORE INSUR		
((	CORPORATE NAME AND DO	CUMENT #)	
((	CORPORATE NAME AND DO	CUMENT #)	····
((	CORPORATE NAME AND DO	CUMENT #)	
((	CORPORATE NAME AND DO	CUMENT #)	
((	CORPORATE NAME AND DO	CUMENT #)	··
((	CORPORATE NAME AND DO	CUMENT #)	

### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	ON: Gulfshore Insurar	nce, Inc.	
DOCUMENT NUMBER:		·	
The enclosed Articles of Am		abmitted for filing.	
Please return all corresponde	nce concerning this ma	atter to the following:	
Kelly	A. Doyle		
-		Name of Contact Perso	Π
Vamu	ın LLP		
		Firm/ Company	
39500	High Pointe Blvd, Sui	. ,	
		Address	
Novi,	Michigan 48375		
		City 'State and Zip Cod	c
kadovle@va	rnumlaw.com		
		sed for future annual report	notification)
_	-man address, (to be in	sed for future affilial report	nonneation
For further information conc	erning this matter, pleas	se call:	
Kelly A. Doyle		at (	567-7812
Name of Con-	act Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fo	llowing amount made	payable to the Florida Depa	artment of State:
図 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 Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

FILED

Gulfshore Insurance, Inc.

2018 DEC 10 AM 8:58

the Florida Dept. of State). TALL AMASSEE, FL on (if known)  of the Corporation adopts the following amendment(s) to
ofit Corporation adopts the following amendment(s) to
The new
ofessional corporation name must contain the
ida, enter the name of the
, Florida

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 FST and Mike Jones is Used 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	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			<del></del>
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			19 4-91 - 1946 Addisorder
Kelilove			
5) Change			
Add			
Remove			
<del></del>			
(i) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<u></u> -		
	<del></del>	·		<del></del>
	<del></del>			
				······································
		<del></del>		
		<del>- ,</del>		
an amendment provides for an exchange or an exchange or implementing the amen (if not applicable, indicate N/A)	unge, reclassification, dment if not contain	or cancellation of ed in the amendm	f issued slages, ent itself:	
	<del></del>		<del></del>	

December 1, 2018
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 filling requirements, this date will not be listed as the 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 shareholders. The number of votes east 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)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
December 1, 2018 Dated
Signature Michelle H Delson
(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 fiduciary by that fiduciary)
Michelle G. Gleeson
(Typed or printed name of person signing)
Secretary
(Title of person signing)