473950

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OCT 1 () 2019

COVER LETTER

TO: Amendment Section

Division of Corporations THE FLORIDA INSURANCE SCHOOL, INC. NAME OF CORPORATION: 473950 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Beverly Name of Contact Person Andy Beverly School Firm/ Company 5406 Hoover Blvd. Suite #10 Address Tampa, FL 33634 City/ State and Zip Code rab@andybeverly.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Beverly 813 at (Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

THE FLORIDA INSURANCE SCHOOL, INC.

(Name of Corporation as currently f	<u>îled with the Florida Dept. of State)</u>	ł	
473950			
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this FL its Articles of Incorporation:	orida Profit Corporation adopts the fo	ollowing amendn	nent(s) to
A. If amending name, enter the new name of the corporation: Andy Beverly School, Inc.		The ne	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	p". A professional corporation name	the abbreviation	วท
B. Enter new principal office address, if applicable:	JAKO HKWEI BIVG.		
(Principal office address MUST BE A STREET ADDRESS)	Suite 10		•
	Tampa, FL 33634	2019	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5406 Hoover Blvd.	\$EP 24	(U 2)
	Suite 10	na na	
	Tampa, FL 33634	9:5	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	7	
Name of New Registered Agent	1		
(Florida street	address)		
New Project of Office Address	Clarida		
New Registered Office Address: (C	, Florida ity)	(Zip Code)	•
· ·		(,	
New Registered Agent's Signature, if changing Registered Agent:	j		
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the po. 	sition.	
Signature of New Reg	istered Agent, if changing		

ddress of each Officer Attach additional sheets Please note the officer/do P = President; V= Vice Executive Officer; CFO neld, President, Treasuro Changes should be noted	and/or L , if neces, rector tit, Presiden = Chief er, Direct L in the fo	Director to sary) Ie by the Jobs the J	eing added: first letter of the office asurer: S= Secretary Officer. If an office be PTD. manner. Currently John, Sally Smith is name.	title: ; D= Director: TR= Tr r/director holds more t hn Doe is listed as the l	director being removed and title, name, and trustee; $C = Chairman$ or $Clerk$: $CEO = Chief$ than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,	
X Change	<u>PT</u>	John De	<u>oe</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally S	mith	l !		
Type of Action Check One)	<u>Title</u>		<u>Name</u>		Address	
1) Change						
Add				1		
Remove				I		
2) Change		_		· · · · · · · · · · · · · · · · · · ·		
Add						
Remove				l i		
3) Change						
Add				l I		
Remove				1		
4) Change		_				
Add				1		
Remove				1		
5) Change				<u> </u>		
Add						
Remove						
6) Change		_				
Add						

and

__ Remove

If amending or adding additional Articles, enter change(s) Attach additional sheets, if necessary). (Be specific)	
	1.
	i
	<u>'</u>
	<u> </u>
	<u> </u>
	}
If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain	n, or cancellation of issued shares, ned in the amendment itself:
(if not applicable, indicate N/A)	
	i
	i

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(1	no more than 90 days after amendment file date)
Note: If the date inserted in this block does not a document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this date will not be listed as the te's records.
Adoption of Amendment(s) (CHEC	K ONE)
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appr	reholders. The number of votes cast for the amendment(s) oval.
	archolders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amendm	ent(s) was/were sufficient for approval
by	
(voting	group)
☐ The amendment(s) was/were adopted by the boat action was not required.	ord of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the inco- action was not required.	orporators without shareholder action and shareholder
Dated September Signature Rosert	19, 2019 A Bever
(By a director, presider selected, by an incorporappointed fiduciary by	nt or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court that fiduciary)
Robert Beverl	Y
(Ty	ped or printed name of person signing)
President	!
	(Title of person signing)