

555524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

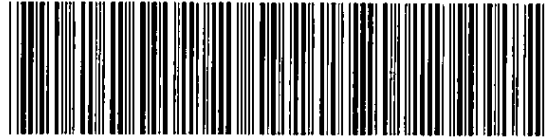
(Business Entity Name)

(Document Number)

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N/C & Amend

FILED
2024 FEB 28 AM 9:41

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2024 FEB 28 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY
FEB 29 2024



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 02/28/2024


Name: Patrice Rush

Reference #: 2277293

Entity Name: BAY AREA INSURANCE SERVICES, INC.

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: \$35.00

Signature: 

FILED

Articles of Amendment
to
Articles of Incorporation
of

2024 FEB 28 AM 9:41

Bay Area Insurance Services, Inc.

FLORIDA STATE
HISSE, P. C. 1001

(Name of Corporation as currently filed with the Florida Dept. of State)

555524

(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:

Safe Insurance Holdings, Inc.

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)

6320 Venture Drive

Suite 200

Lakewood Ranch, FL 34202

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6320 Venture Drive

Suite 200

Lakewood Ranch, FL 34202

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

Elizabeth Harbaugh

6320 Venture Drive, Suite 200, Lakewood Ranch, FL 34202

(Florida street address)

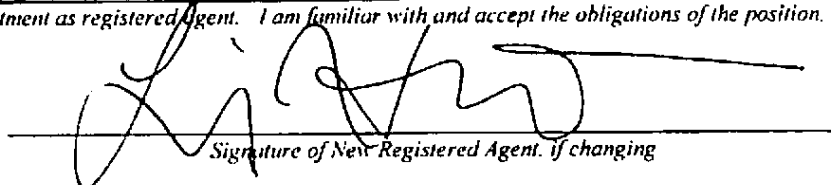
New Registered Office Address: 6320 Venture Drive, Suite 200, Lakewood Ranch, Florida 34202

(City)

(Zip Code)

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Attach additional sheets, if necessary)

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.

Example:

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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6) Change

Add

Remove

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

February 21, 2024

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 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 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 the Board of Directors of Bay Area Insurance Services."
(voting group)

Dated February 21, 2024

Signature Michael D. Blinson
(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)

Michael Blinson

(Typed or printed name of person signing)

Secretary

(Title of person signing)