F32036

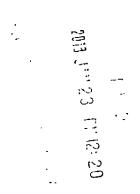
(Req	uestor's Name)	
(Add	ress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Tim Shaw Insurance	ce, Inc	
DOCUMENT NUME	BER:		
	of Amendment and fee are su	bmitted for tiling.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Tim Shaw		
		Name of Contact Persor	1
	Tim Shaw Insurance, Inc.		
		Firm/ Company	
	15617 Fiddlesticks Blvd	i into Company	
		Address	
	Fort Myers, FL 33912		
		City/ State and Zip Code	
		City/ State and Zip Code	
tim@	timshaw.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Tim Shaw		at (470-5090
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mai	ling Address	Street	Address
Amo	endment Section	Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment fo Articles of Incorporation

Articles of	Incorporation
•	of 9912 1
Tim Shaw Insurance, Inc.	
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
F32036	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
TSI Risk Consultants, Inc	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," o word "chartered," "professional association," or the abbreviatio	ttion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	15617 Fiddlesticks Blvd
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33912
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15617 Fiddlesticks Blvd
New York of the Control of the Contr	Fort Myers, FL 33912
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Tim Shaw	<u> </u>
Name of New Registered Agent	
15617 Fiddlesticks Blv	d
(Florida	ı strect address)
Many Province and O'Cons. Addresses	Florida 33912
New Registered Office Address.	(City) (Zip Code)
Name of New Registered Agent 15617 Fiddlesticks Blv (Florida	(City) (Zip Cod
Signature of Ne	w Registered Agent, if changing

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.

Example: X Change	<u>PT</u>	John De	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Su	<u>aith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) X Change	CEO		Tim Shaw	15617 Fiddlesticks Blvd
Add				Fort Myers, FL 33912
Remove				
2) Change	PRES		Marsha Shaw	
Add				
X Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	' (Be specific)
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no moi	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet t document's effective date on the Department of State's re	ne applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	(E)
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en	
"The number of votes cast for the amendment(s)	was/were sufficient for approval
by	
(voting group	o)
■ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder
□ The amendment(s) was/were adopted by the incorpora action was not required.	tors without shareholder action and shareholder
January 16, 2018 Dated	Li-
	ther officer – if directors or officers have not been
appointed fiduciary by that f	- if in the hands of a receiver, trustee, or other court iduciary)
· · · · · · · · · · · · · · · · · · ·	& H. Show
•	printed name of person signing)
<u>(</u> .	EO
	(Title of person signing)