## G21702

(Requestor's Name)		
(Address)		
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(Cil	ty/State/Zip/Phone	e #)
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DEMISION OF CORPCRAFICATION 38

Amendicus a 4,4,12

## **COVER LETTER**

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR	ATION: Aubrey	Rogers Insulai	uce Agency Inc
DOCUMENT NUMB	ER:	621702	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		Jonathan S. A	Nontes
-	Aubrey Roc	Name of Contact Perso  JERS JASSIANCE  Firm/ Company	·
	2400 N.W.	bth Street	
	GAINE	Address Suille, FL	32609
	E-mail address: (to be us	City/ State and Zip Cod  Montes 28 e  sed for future annual report	
For further information	concerning this matter, pleas	se call:	
Jonathan	S. Montes	at ( 301	) 802 - 7336
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
	ng Address		Address
	dment Section		Iment Section
	ion of Corporations		on of Corporations Building
P.O. Box 6327 Tailahassee, FL 32314			Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

to Articles of Incorporation	
Aubrev Rogers Insurance Agency Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
G21702	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendm its Articles of Incorporation:	ent(s)
A. If amending name, enter the new name of the corporation:	
The nev	w
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."	n e
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:	CONFORMATION OF THE PARTY OF TH
Name of New Registered Agent  JONAHMAN S. Montes  2400 N.W. 6th Street  (Florida street address)	
New Registered Office Address: (SANESVIIIE , Florida ) 7607 (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	

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	DP	Aubrey Rogers Jr.	2912 5.W. 170 St. Newberry, FL 3266
2) Change Add Remove	<u>P</u>	Jonathan S. Montes	2400 N.W. 6th St. GAINES VILLE, FL 32604
3 ) Change Add Remove			
4) Change Add Remove	<del></del>		
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
·	
	· · · · · · · · · · · · · · · · · · ·
	***************************************

. , The date of each amendment(s) adoption: _	March 30, 2012
Effective date <u>if applicable</u> :	March 30 7012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (C	CHECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	he shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the am	nendment(s) was/were sufficient for approval
by	voting group)
· (v	voting group)
action was not required.	ne incorporators without shareholder action and shareholder
Dated MAICh	30,2012
Signature	13K
selected, by an in	resident or other officer – if directors or officers have not been accorporator – if in the hands of a receiver, trustee, or other court may by that fiduciary)
·	Lorathan S. Mortes
	(Typed or printed name of person signing)
	(Title of person signing)