## G12653

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| (Business Entity Name)                  |
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## **COVER LETTER**

TO: Amendment Section

BII OCT 13 MIO 66

Division of Corporations NAME OF CORPORATION: \_\_ DOCUMENT NUMBER: G72653 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Valerie M. Liddon Name of Contact Person Certified Insurance Corp Firm/ Company 1111 Douglas Avenue Address Altamonte Springs, Fl 32714 City/ State and Zip Code valeric@financialgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 ) 869-9800 x119

Area Code & Daytime Telephone Number Valerie M. Liddon 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 Certified Copy (Additional copy is (Additional Copy enclosed) 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 of



Certified Insurance Corp

| (Name o   | of Corporation as curren    | tly filed with the Florida Dept. of State)   |
|---|-----------------------------|--|
| G72653  |                             |  |
|   | (Document Number            | of Corporation (if known)  |
| Pursuant to the provisions of section 607. its Articles of Incorporation:   | 1006, Florida Statutes, thi | is Florida Profit Corporation adopts the following amendment(s   |
| A. If amending name, enter the new na   | me of the corporation:      |  |
| N/A   |                             | The new  |
| name must be distinguishable and con<br>"Corp.," "Inc.," or Co," or the design<br>word "chartered," "professional associa | ation "Corp," "Inc," or     | ion." "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A." |
| • •   |                             | N/A  |
| B. Enter new principal office address, (Principal office address MUST BE A S  |                             |  |
|   |                             | <del></del>  |
|   |                             |  |
| C - Enter new moiling address if appli  | anhla:                      |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                   |                             | N/A  |
|   |                             |  |
|   |                             |  |
|   |                             |  |
| D. If amending the registered agent an  |                             |  |
| new registered agent and/or the new   | v registered office addre   | <u>ss:</u>   |
| Name of New Registered Agent  | Aaron J. Bert               |  |
|   | 1111 Douglas Avenue         |  |
|   | (Florida s                  | street address)  |
| New Registered Office Address:  | Altamonte Springs           | Florida 32714  |
| New Registered Office Address.  |                             | (City) (Zip Code)  |
|   |                             |  |
|   |                             |  |
| New Registered Agent's Signature, if c  |                             |  |
| i nereby accept the appointment as regist   | erea ageni i am jamiiiai    | r 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.

| X Change                   | <u>PT</u>    | John Doe       |                             |
|----------------------------|--------------|----------------|-----------------------------|
| X Remove                   | <u>v</u>     | Mike Jones     |                             |
| <u>X</u> Add               | <u>sv</u>    | Sally Smith    |                             |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>    | <u>Addres</u> s             |
| 1) Change                  | P            | Barry M. Smith | 1111 Douglas Avenue         |
| Add                        |              |                | Altamonte Springs, Fl 32714 |
| X Remove                   |              |                | <del></del>                 |
| 2) Change                  | P            | Aaron J. Bert  | 1111 Douglas Avenue         |
| X Add                      |              |                | Altamonte Springs, Fl 32714 |
| Remove                     |              |                | <del> </del>                |
| 3) Change                  |              |                |                             |
| Add                        |              |                |                             |
| Remove                     |              |                |                             |
| 4) Change                  |              |                |                             |
| Add                        |              |                |                             |
| Remove                     |              |                |                             |
| 5) Change                  |              | _              |                             |
| Add                        |              |                |                             |
| Remove                     |              |                |                             |
|                            |              |                | <del></del>                 |
| 6) Change                  |              | <del></del>    |                             |
| Add                        |              |                |                             |
| Remove                     |              |                |                             |

| E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific) |  |  |  |  |
|--|--|--|--|--|
| N/A  |  |  |  |  |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                             |  |  |  |  |
| provisions for implementing the amendment if not contained in the amendment itself:  |  |  |  |  |
| (if not applicable, indicate N/A)  |  |  |  |  |
| N/A  |  |  |  |  |
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| The date of each amendment(s) a                                       | 08/14/17<br>doption:  | _, if other than the |
|---|---|----------------------|
| date this document was signed.  |   | _                    |
| 08/<br>Effective date <u>if applicable</u> :                          | 14/17   |                      |
| Effective date <u>if applicable</u> .                                 | (no more than 90 days after amendment file date)  |                      |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this date will epartment of State's records.                                | not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |                      |
| The amendment(s) was/were ad by the shareholders was/were so          | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.  |                      |
|   | proved by the shareholders through voting groups. The following statement reach 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 ad action was not required.               | opted by the board of directors without shareholder action and shareholder  |                      |
| ☐ The amendment(s) was/were ad action was not required.               | opted by the incorporators without shareholder action and shareholder   |                      |
| 10/06/17  |   |                      |
| Dated   | AA  |                      |
| Signature   | director, president or other officer – if directors or officers have not been   | _                    |
| selecto   | ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)                             |                      |
|   | Aaron J. Bert   |                      |
|   | (Typed or printed name of person signing)   |                      |
|   | President   |                      |
|   | (Title of person signing)   |                      |