## 44001

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## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: KONNON & KONNON INSULANCE, INC DOCUMENT NUMBER: K14001 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kannon & kannon Insurance, Inc 10302 NW S River Dr Ste # 3 For further information concerning this matter, please call: at (\_305\_\_) \_888 - 9228 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)

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

(Additional Copy is enclosed)

Street Address

Amendment Section

Division of Corporations

The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation

of
<u>kannon &amp; Kannon Insurance, Inc</u>
(Name of Corporation as currently filed with the Florida Dept. of State)
K14001
(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 amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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)
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:
Name of New Registered Agent Jacob kanonitz
10302 NW 5 RIVEY Dr Ste #3
New Registered Office Address: Medley
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

TOTAL PROGRAMMENT N	ding additional Articles, enter change(s) here: theats, if necessary) — (Be specific)
	necis, if necessir, i — (ne specy); i
an amendment j	provides for an exchange, reclassification, or cancellation of issued shares.
anaccialization From Land	plementing the amendment if not contained in the amendment itself:
ACOVISIONS FOR HID	ble indicate MAY
if not applica)	
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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 Doc 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:

<u>PT John</u>	Doe	
<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>SV</u> <u>Sally</u>	Smith	
Title	<u>Name</u>	<u>Addres</u> s
<u>P</u>	Jacob kanonitz	10302 NW.S. RIVER Dr Stet
		Medley FL 33178
		<i></i>
		·
		: 
<del></del>		
		<del></del>
	V Mike SV Sally	V Mike Jones  SV Sally Smith  Title Name

	loption:	, 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 bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this opartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were addaction was not required.	apted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendmen officient for approval.	u(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 02	08 2024	
(By a d selected	rector, president or other officer - it hipetors or officers have not been I, by an incorporator - if in the lands of a receiver, trustee, or other co- ed fiduciary by that fiduciary)	
	Jacob kanonitz (Typed or printed name of person signing)	<u>.</u>
	President (Title of person signing)	<del>.</del>