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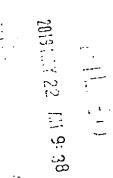
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Amend

JUN 12 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: Central Insur	ance, Inc.		
1 15507	_		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for fi	ling.	
Please return all correspondence concerning th	nis matter to the fol	owing:	
Diana Fink	_		
	Name of C	Contact Person	1
Central Insurance, Inc.			
	Firm	Company	
13246 38th Street North	h		
	A	ddress	
Clearwater, FL 33762			
	City/ State	and Zip Code	2
Fritzief@centralinsurancesch	nol com		
-	be used for future	annual report	notification)
12 man, 22 (
For further information concerning this matter	, please call:		
Fritzie Filides	ai	727	
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount r	nade payable to the	Florida Depa	rtment of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	itus Certified	al copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

CENTRAL INSURANCE, INC.

	MOUNTEC, INC.
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
L	15507
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	! !
N/A	The new
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 22 1
D. If amending the registered agent and/or registered office and registered agent and/or the new registered office add	address in Florida, enter the name of the ress:
Name of New Registered Agent N/A	<u> </u>
(Florid	lå street address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am famil	zent: lar with and accept the obligations of the position.
	W/A we Registered Agent, if changing
Signature of No.	ew Registered Agent, if changing

address of each Office (Attach additional shee Please note the officer P = President; V = Vic Executive Officer; CF held. President, Treast Changes should be not a change, Mike Jones of the President of the Pre	er and/or I ets, if neces, /director tit, ce Presiden O = Chief urer, Direct ted in the fo leaves the c	Director being added: sary) le by the first letter of the offic t; T= Treasurer; S= Secretae Financial Officer. If an offic or would be PTD. bllowing manner. Currently J	nd name of each officer/director being removed and title, name, and ce title: ry: D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief cer/director holds more than one title, list the first letter of each office than Doe is listed as the PST and Mike Jones is listed as the V. There is smed the V and S. These should be noted as John Doe, PT as a Change,
Example: \underline{X} Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	Title	<u>Name</u>	<u>Addres</u> s
(Check One) 1) Change	VP	Glenn Cook	13246 38th Street North
Add			Clearwater, FL 33762
x Remove			
2) Change	VP	Scott Knight	13246 38th Street North
x Add			Clearwater, FL 33762
Remove			
3) Change			
Add			
Remove			
4) Channa			
4) Change			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			

___ Remove

E. If amending or adding additional Articles, enter change(s) (Attach additional sheets, if necessary). (Be specific)	<u>here</u> :
(, macri dadan o, macri g , macri g	N/4
	70/24
-	
. If an amendment provides for an exchange, reclassificatio	n, or cancellation of issued shares,
provisions for implementing the amendment if not contain	ned in the amendment itself:
(if not applicable, indicate N/A) N/A	
<i>N1</i> 4	

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no mare tha	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the appropriate document's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders a must be separately provided for each voting group entitled	prough voting groups. The following statement to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/	cere sufficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	ors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators vaction was not required.	ithout shareholder action and shareholder
04/30/19	/1
Dated	
1011	t. 101
Signature (By a director, president or other of	ficer - if directors or officers have not been
solected, by an incorporator - if in	the hands of a receiver, trustee, or other court
appointed fiduciary by that fiducia	rty) -
Fritzie Filides	
(Typed or print	ed name of person signing)
VPD	
(Ti	le of person signing)