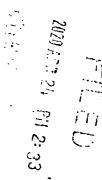
M98848

(Requestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Insiders Inc.				
DOCUMENT NUM					
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	David Bergeron				
		Name of Contact Person			
	Insiders Inc.				
		Firm/ Company			
	1252 Barbara Dr. Unit 806				
	Address				
	Venice, FL 34285				
	City/ State and Zip Code				
	5 11 1 0 7	·			
	Davidleebergeron@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
David Bergeron		941 at () 2660495 le & Daytime Telephone Number		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Insiders Inc.				
(Name o	of Corporation as curre	ntly filed with the Florida	Dept. of State)	
M98848				
	(Document Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corporati</i> o	on adopts the follo	wing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	ted" or the abbrev on name must co	viation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	.	
	,		<u> </u>	2020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	· ————————————————————————————————————	
			 ,	H 21
D. If amending the registered agent ar new registered agent and/or the new			e name of the	ယ
Name of New Registered Agent	N/A			
Name of New Registered Agent			. =	
	(Florida	street address)		
New Registered Office Address:	N/A		. Florida	
New Registered Office Address.		(City)		Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age tered agent. I am familio	ent: ar with and accept the obligo	ations of the positi	on.
				
	Signature of New	v Registered Agent, if change	ing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>s</u>	
X Add	<u>sv</u>	Sally Smith	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	ame	Address
1) Change	PCEO	Jo	onathan Scott	704 64th Street CT E
X Add				Palmetto, FL 34221
Remove				
2) Change		<u> </u>		
Add				
Remove 3) Change	,			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_ _		
Add				
Remove				
6) Change				
Add				
Remove				

	y). (Be specific)
1/A	
· · · · · · · · · · · · · · · · · · ·	
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· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an ev	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the a	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Ά	
A	
A	
A	
A	
A	
'A	
'A	
/A	
'A	
'A	

The date of each amendmen date this document was signed	t(s) adoption:	, if other than the
Effective date if applicable:	4/20/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing requirements, the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	eent(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	lement
	s cast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
4/21/2 Dated	020	
Signature	Isld Bl	
se	y a director, president or other officer – if directors or officers have not be lected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	en
	Todd Buchner	
	(Typed or printed name of person signing)	.
	Guardian of Owner Lonie Buchne	·
	(Title of person signing)	