N 1000000 1919

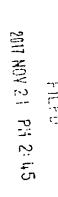
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
·	-	
(Doc	cument Number)	
`	ŕ	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





600305657376

11/21/17--01005--006 **35.00



C GOLDEN NOV 22 2017:

COVER LETTER

Division of Corporations Insurance Plan, Inc. DOCUMENT NUMBER: <u>N10000001919</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MSUrance Plan,
(Firm/ Company) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed)

Articles of Amendment to Articles of Incorporation of

FILED

2017 KOY 21 PM 2: 45

FLORIDA LEGAL INSURANCE PLAN, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)	
N10000001919	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the amendment(s) to its Articles of Incorporation:	following
A. If amending name, enter the new name of the corporation:	
	_The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." " "Company" or "Co." may not be used in the name.	or "Inc."
B. Enter new principal office address, if applicable: 2830 NW 41st St	
(Principal office address MUST BE A STREET ADDRESS) SUHE	
Gainesville, FL 321	000
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: HOWARD ROSPINGATE	
2830 NW 41st St Suite	<u>;</u>
(Florida street address) <u>New Registered Office Address:</u>	
<u>Ganesville</u> Florida <u>32</u> (City) (Zip Code)	60(c
(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 X.Remove X.Add	PT John De V Mike Jo SY Sally Sr	nes	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>\</u>	Alan Byrd	PO Box 290686 Ft. Lauderdall, Fl 33329
2) Change Add	PCEO	Howard Rosenblatt	2830 NIW HIST St SUITE H
Remove 3) Change Add	TUFO	Marita Jay	Gamesville, FL 32606
Remove 4) Change Add Remove	<u>PD</u>	Kinky Parwani	9905 Alambra Arc Tampa, FL 33619
5) Change Add Remove	<u>T</u>	Cariton Fagan	4741 Atlantic Blvd. Suite F Jacksonville, Fl 32207
6) Change Add Remove	<u> </u>	William Garrett	514 Magnolia Ave Panama City, FL 32401
		Page 2 of 4	

. ,	icles, enter change(s) her (Be specific)		
	 -		

The date of each amendment(s) adoption: October 27, 2017 date this document was signed.	, if other than the
Effective date if applicable: November 12017 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated November 8, 2017	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Howard M. Rosenblatt (Typed or printed name of person signing)	
President and Chief Rxecutive Officer (Title of person signing)	