N1000000 9739

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ation for Insurance Reform	rm, Inc.	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	•		
Jay Neal			
	(Name of Contact Perso	on)	
FAIR			
	(Firm/ Company)		
2900 E Oakland Park Blvd 3rd Floor			
	(Address)		
Fort Lauderdale, FL 33306			
	(City/ State and Zip Coo	ode)	
jneal@floridainsurancereform.org			
E-mail address: (to be use	d for future annual report	t notification)	
For further information concerning this matter, please	e call:		
Jay Neal	9: at	366-2922	
(Name of Contact Perso		Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made p	ayable to the Florida Dep	partment of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$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 Street Address

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

Articles of Amendment to Articles of Incorporation

of

FILED

FAIR Florida Association for Insurance Reform, I	nc.	• • • • • • • • • • • • • • • • • • • •
(Name of Corporation	as currently filed with the Florida Dep	t. of State)
N10000009739		200 205 10 B 11
(Docur	ment Number of Corporation (if known)	MILLARASSEL FLORIDA
Pursuant to the provisions of section 617.1006. Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
Federal Association for Insurance Reform, Inc.		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		
B. Enter new principal office address, if applica	NA	
(Principal office address <u>MUST BE A STREET A</u>		
C. Enter your mailing address if applicables		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) NA	
D. If amonding the registered area and/or regis	stand office address in Florida anton th	
D. If amending the registered agent and/or registered agent and/or the new registered.		ie name of the
	NA .	
Name of New Registered Agent:		
<u>New Registered Office Address:</u>	(Florida stree	et address)
	(6)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing l		
I hereby accept the appointment as registered ager	nt. I am familiar with and accept the oblig	gations of the position.
<u>-</u>		
	Signature of New Registered Age	ent 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doo Mike Jon Sally Sm	nes	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
		_		
Add Remove				.
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
no changes except for name	
	
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•	·
	-

The date of each amendment(s) adoption:	_, 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 block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	oe listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes east 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 1 July 2019 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)	_
Jay Neal	
(Typed or printed name of person signing)	
President and CEO	
(Title of person signing)	