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R. WHITE JAN 0 4 2023

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|--|--|--|--|--|
| NAME OF CORPORATION: Florida Insurance College Inc. | | | | |
| DOCUMENT NUMBER: N1100000 1326 | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Kenneth Ri Toney (Name of Contact Person) | | | | |
| (Name of Contact Person) | | | | |
| Florida Insurance College, Tr.c. | | | | |
| | | | | |
| 1425 West SR 434 - Svite 113 | | | | |
| | | | | |
| Longwood, FL 32750 | | | | |
| (City/ State and Zip Code) | | | | |
| Ken: Toney & Florida Insurance College com E-mail address: (to be used for future annual report notification) | | | | |
| | | | | |
| For further information concerning this matter, please call: | | | | |
| Kenneth Ri Toney at 866-506-0139 (Area Code) (Daytime Telephone Number) | | | | |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | |
| S35 Filing Fee S43.75 Filing F | | | | |
| Mailing Address Street Address | | | | |
| Amendment Section Amendment Section Division of Corporations Division of Corporations | | | | |
| P.O. Box 6327 Clifton Building | | | | |
| Tallahassee, FL 32314 2661 Executive Center Circle | | | | |

Tallahassee, FL 32301

Articles of Amendment

υ articles of Incorporation

| Ar . | ticles of Incorporation | |
|--|-------------------------------|---|
| Florida Insura | | |
| (Name of Corporation as cu | | da Dept. of State) |
| NII 00000132 6 | | |
| (Document N | lumber of Corporation (if kn | own) |
| Pursuant to the provisions of section 617,1006, Florida Simendment(s) to its Articles of Incorporation: | tatutes, this Florida Not For | Profit Corporation adopts the following |
| a. If amending name, enter the new name of the corp | oration: | |
| | | The new |
| name must be distinguishable and contain the word "core Company" or "Co." may not be used in the name. 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR. 2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | ESS) | or the autreviation (Corp. or Inc. |
| | | |
| If amending the registered agent and/or registered new registered agent and/or the new registered off | | enter the name of the |
| Name of New Registered Agent: | | |
| | (Florida street address) | |
| New Registered Office Address: | tene | raa sireer adaress) |
| | | P1 |
| - | (City) | , Florida (Zip Code) |
| lew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a | | · |
| | Signature of New Registe | red 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 I V Mike SV Sally: | <u>Jones</u> | |
|-----------------------------------|--|-------------------|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | <u>VP</u> | Daniel J. O'Damel | 1425 West SR434 Suite 113 Longwood, FL32750 |
| 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 Art | icles, enter change(s) here: | | | |
|---|---|--|-----------|---------------------------------------|
| (attach additional sheets, if necessary). | (Be specific) | | | |
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| The date of each amendment(s) adoption: NOTOMBE-19, 2019 | if other than the |
|--|---------------------|
| late this document was signed. | If when their the |
| Effective date if applicable: No 1814 her 19, 2019 | |
| tuo more than 90 days after amendment file date) | - |
| Sote: It'the date inserted in this block does not meet the applicable statutory filing requirements, this date will no locument's effective date on the Department of State's records. | of be fisted as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| 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-19, July Signature King A True | |
| ************************************** | |
| (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) | |
| Kenneth R. Teney | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |