P0000030318

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PICK-UP WAIT MAIL			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Rufus P Randolph l	nsurance Inc			
DOCUMENT NUM	BER: P0000030318				
	s of Amendment and fee are sul	omitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Rufus P Randolph				
		Name of Contact Person	l		
	Rufus P Randolph Insurance Inc				
	·	Firm/ Company	-		
	5008 W Linebaugh Ave Ste 18				
	Address				
	Tampa/FI/33624				
	City/ State and Zip Code				
	rprandolph@verizon.net				
	E-mail address: (to be us	sed for future annual report	notification)		
P. C. ale C. C. man	and the second of the second o				
For further informati	on concerning this matter, pleas	se can.			
Rufus P Randolph		at (813	de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 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 Articles of Incorporation of

of	and the second s
ifus P Randolph Insurance Inc	1 the part of the
(Name of Corporation as currently	y filed with the Floridas Dept. of State)
0000030318	1 7:35
(Document Number of	f Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this a	Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the corporation:	
	The new
me must be distinguishable and contain the word "corporation," "c nc.," or Co.," or the designation "Corp," "Inc," or "Co", A hartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	S:
Name of New Registered Agent	
(Florida su	reet address)
(Florida su	

☐ 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.

Example: X Change	<u>PT</u>	John Due	
X Remove	<u>Y</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Kevin Randolph	5806 Browder Rd
Add			Tampa F1 33625
X Remove			
2) Change		_	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or ac (Attach additional	dding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)			
Levin Randolph is no longer active in the day to day operation of agency. He is employed full time with Electrify American				
nd relinquish his inte	erest in agency			
-				
<u></u>				
 				
<u></u>				
.				
provisions for it (if not applie	t provides for an exchange, reclassification, or cancellation of issued shares, mplementing the amendment if not contained in the amendment itself: cable, indicate N/A)			
Cevin Randolph rele	ases his 25% interest of Rufus P Randolph stock back to Rufus P Randolph Insurance Inc He no longer			
ctive in day to day o	operation			
-				
+-				

. . .

Fl d	May 03, 2024	, if other than the
The date of each amendment(s late this document was signed.	adoption:	
	May03. 2024	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	II not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) re-sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
Rufus P Randolph	,"	
<u> </u>	(voting group)	
05/03/2 Dated	2024 A	
Signature	Ky Raldo	
- (By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
•••	Rufus P. Randolph	
	(Typed or printed name of person signing)	
	1 resident	
	(Title of person signing)	