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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: Ken Waitt Professional Insurance Group, Inc
CAME OF CORPORATION: THEY TOUGHT TO TESTIONED AT STREET OF CORPORATION:
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ken E. Waitt Name of Contact Person
Ken Waitt Professional Gasp, Inc
•
11010 Point Nellie Drive Address
Clermont, FL 3-1711 City/ State and Zip Code
City/ State and Zip Code
_
E-mail address: (to be used for future annual report notification)
E-man audiess. (to be used for future annual report notification)
For further information concerning this matter, please call:
Ken Waitt at 352 317-3348 Name of Contact Person 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:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment



Articles of Incorporation

18 APR 30 PM 2: 15 Ken Waith Professional Insurance Group, Inc. 17 ME

	ity med with the Florida Dept. of State)
P000000 31	0f Corporation (if known)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	N/A
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 registered agent and/or the new registered of fice address	
Name of New Registered Agent	
rt. H.	treet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
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.

X Change	<u>PT</u> <u>John</u>	Dog	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VI RW	Rosa M. Wartt	11010 Point Nellie Dr
Add			Clermont, FZ 34711
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damova			

utách <i>additional shee</i>	ng additional Articles, enter change(s) here; ets. if necessary). (Be specific)
	1.1
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	t .
	
an amendment pro	ovides for an exchange, reclassification, or cancellation of issued shares, ementing the amendment if not contained in the amendment itself:
(if not applicable	e, indicate N/A)
	N/A
	
-	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cas by the shareholders was/were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appre	val
by(voting group)	 ."
The amendment(s) was/were adopted by the board of directors without shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	
Signature Kina 7/1 Celactt (By a director, president or other officer – if directors or o selected, by an incorporator – if in the hands of a receiver.	
appointed fiduciary by that fiduciary) ROSA M - CJA 77	7
(Typed or printed name of person signi	
	-
Previous Vice Presid (Title of person signing)	uri (sesigned)
(Title of person signing)	