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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	ORATION: ALL INSURANC	TE GROUP OF FLORIDA	INC
	MBER: P00000055038		
The enclosed Artic	les of Amendment and fee are s	ubmitted for filing.	
Please return all co	rrespondence concerning this m	atter to the following:	
	KERRI MCDOUGALD		
		Name of Contact Perso	n
	ALL INSURANCE GROUP	OF FLORIDA INC	
		Firm/ Company	——————————————————————————————————————
	210 S KINGS AVE SUITE	C	
	· · · · · · · · · · · · · · · · · · ·	Address	
	BRANDON FL 33511		
		City/ State and Zip Cod	e
For further informat	E-mail address: (to be u	se cali:	
		at (813	
Nam	e 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)
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALL INSURANCE GROUP OF FLORIDA INC,	
(Name of Corporation as current	y filed with the Florida Dept. of State)
P00000055038	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	210 S. KINGS AV. Zurte C BRANDON, FL 33511
D. If amending the registered agent and/or registered office address Name of New Registered Agent Name of New Registered Agent	
(Florida str	reet address)

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

(City)

Check if applicable

New Registered Office Address:

[☐] 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 Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	MARISOL ANZALDUA	15117 N 24TH ST
X Add			LUTZ FL 33549
Remove			
2) Change	VP	ETHAN SUTTON	412 ORANGE ST
X Add			AUBURNDALE, FL 33823
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets	additional Articles (i, if necessary). (1	Be specific)				
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an amendment provi provisions for implem	enting the amendr	ment if not con	tained in the a	mendment itse	<u>snares.</u> lf:	
(if not applicable, i	indicate N/A)					
NJA						
				· ·		
			· · · · · · · · · · · · · · · · · · ·			
			_			

The date of each amendment(s) date this document was signed.	adoption: N/A	, if other than the
_	CTOBER 26 2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 20 days after amenament fire date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, to Department of State's records.	his date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholds	er action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	pproved by the shareholders through voting groups. The following s	
must be separately provided f	or each voting group entitled to vote separately on the amendment(s)	:
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
/	(voting group)	
Dated\0\	roposo	
Signature	director, president or other officer - if directors or officers have not	heen
selec	ed, by an incorporator - if in the hands of a receiver, trustee, or other	
арро	nted fiduciary by that fiduciary)	
	KERRI MCDOUGALD	
	(Typed or printed name of person signing)	
	PRESIDENT	