## P0100003189

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Team Title Insuran	ce Agency Inc	
	1BER: P01000013189		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Susan Wunderlich		
	-	Name of Contact Person	1
	Team Title Insurance Agency	/ Inc	
		Firm/ Company	
	5237 Summerlin Commons F	Blvd Suite 113	
		Address	<del></del>
	Fort Myers FL 33907		
		City/ State and Zip Code	<del></del>
	susan@teamtitle.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	
Susan Wunderlich		at ( <sup>239</sup>	de & Daytime Telephone Number
Namo	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	S43.75 Filing Fee & Certificate of Status	□\$43.75 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P01000013189	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s 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," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	5237 Summerlin Commons Blvd Suite 113
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Fort Myers, FL 33907
	3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	T.
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	M*
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.
Signature of New	Revistered Agent if changing

Check if applicable

☐ 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)

Add

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Nichole M Dukas	5237 Summerlin Commons Blvd
Add			Suite 116
x Remove			Fort Myers, FL 33907
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	f amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)	
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(if not applicable, indicate N/A)	provisions for implementing the amendment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)	•
		· <del></del>
	P-g. s	
		<del></del>

The date of each amendment(s) adop	November 7, 2023	if other than the
late this document was signed.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ii oder man tie
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this criment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendmen cient for approval.	nt(s)
	ved by the shareholders through voting groups. The following states ch voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
November 7,	2023	
Dated	san of What Dollar	
(By a dire- selected, l	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other confiduciary by that fiduciary)	
Sı	isan S Wunderlich	1 1 -
_	(Typed or printed name of person signing)	
Pt	esident	$\overline{\Sigma}$

(Title of person signing)