PO1000034790

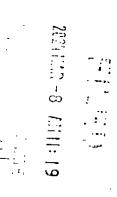
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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111)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION DE LINES	INSURUNCE ! INVESTMENT	Services INC
DOCUMENT NUMBER: PO 10000 3		
The enclosed Articles of Amendment and fee are:		
Please return all correspondence concerning this n	natter to the following:	
Robert H.	Name of Contact Person	<u></u>
Pelure Insuran	Firm/Company	S, INC.
9908 Dis	COVERY TERRACE Address	
Bradenton	F $\angle 34/2/2$ City/ State and Zip Code	
devorerobert o		
For further information concerning this matter, ple	ense cuii:	
Robert H De Vore Name of Contact Person	at (94/) 32/ - 8 & Area Code & Daytime Telephon	2 O
Enclosed is a check for the following amount made		e Milloci
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	S
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, Suit Tallahassee, FL 32303	e 810

Articles of Amendment

Articles of Incorporation of

DeVore INSULANCE INVESTINENT	Services, INC.
(Name of Corporation as currently fi	led with the Florida Dept. of State) -
PO10000 34790	200/21/00 0
(Document Number of Co	orporation (if known) Zection 3 Title 19
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "com "Inc.," or Ca.," or the designation "Corp." "Inc." or "Co". A pr "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (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 new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	
AFlorida strect a	ddnissi
·	,
New Registered Office Address: (Cir	; Florida
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 Regis	ered 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)

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 P1D.

Changes should be noted in the following manner. Currently John Doc 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>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> Şall	<u>y</u> Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D	Tanny DeVore	9908 Discovey Terr.
<u> </u>			Bradenton, FL 34212
Remove		۸	
2) Change	CFU	Tammy Devore	9902 DISCOURTY TENT.
× Add		'	Braden low, FL 3422
Remove 3) Remove			
Add			
Remove			
4) Change			
Remove			
5) Change			·
Add			
Remove			
6)Change			
Add			
Remove			

If amending or adding addition (Attach additional sheets, if neces	sary). (Be specific)		
	·		
			····
			
	-		
			
			<u>-</u>
f an amendment provides for a provisions for implementing th	<u>n exchange, reclassification,</u> e amendment if not contain	or cancellation of issued share	<u>\$.</u>
(if not applicable, indicate N	i(A)	sa in the amendment asea.	
			
			··
	.		

The date of each amendment(s) adoption: Date amendment is signed. if other than to date this document was signed.
Effective date if applicable: Dite the dimension of ment of ment of ment of ment of the date.
Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the unendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
Signature Rud H Nevie President (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other count appointed fiduciary by that fiduciary)
Poser + H. De Vore (Typed or printed name of person signing)
(Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)