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SEGRE NINGSSEE, FL

Ch 2/17/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Tom Collins Insura	nnce Agency Inc	
DOCUMENT NUM	BER: P01000111719		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Thomas D. Collins		
		Name of Contact Person	1
	Tom Collins Insurance Agend	CY. 14C ,	
	<u></u>	Firm/ Company	
	1555 Indian River Blvd Ste 1		
		Address	
	Vero Beach Fl. 32960		
City/ State and Zip Code			е
	t.collins@tomcollinsinsuranc	e.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Thomas Collins		at () 778-9222 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 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)
An Div P.C	iling Address tendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassec, FL 32303

Articles of Amendment Articles of Incorporation of

FILED

2022 FEB -8 AM II: 37

(Name of Corporation as currently filed with the Florida Dept State). TOPE TALL ATTACKSEE. (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following and its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent [Florida street address]	e new
(Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following arms Articles of Incorporation: If amending name, enter the new name of the corporation: The ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Clinc," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the chartered, "professional association," or the abbreviation "P.A." 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent	nendment(: e new Corp., "
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Name of New Registered Agent Name of New Registered Agent	
Name of New Registered Agent Name of New Registered Agent	
(Florida street address)	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code,)
Delta de la Compania Designada Acont	
www.ew.Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	
heck 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 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	PT John	n Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>C</u> 00	David T. Collins	4726 Pebble Bay Cir
X Add	,		Vero Beach, FL.
Remove			
2) Change			
Add	Å.		
Remove Change	: 		
Add			
Remove	1		
4) Change		4,	
Add	į į		
Remove	<u> </u>		
5) Change	—— / /		
Add	()		
Remove			
6) Change			
Add			
Remove		\	
		CHIEF OF	ERATING OFFICER

amending or adding add ttach additional sheets, if	necessary).	(Be specific)			
				 	
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	•				
<u>f an amendment provides</u>	for an excha	ige, reclassification, or o	ancellation of issued	shares,	
provisions for implement	ing the amen	<u>lment if not contained in</u>	the amendment itse	<u>lf:</u>	
(if not applicable, indic	cate N/A)				
					
					

The date of each amendment(s) add	option;	, if other than
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the artment of State's records.	nis date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendaticient for approval.	nent(s)
	oved by the shareholders through voting groups. The following st ach voting group entitled to vote separately on the amendment(s).	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	2/1/2022 Atto/Mu	
Signature	ector, president or other officer – if directors or officers have not be	
selected,	by an incorporator – if in the hands of a receiver, trustee, or other diductary by that fiductary)	
	THOMAS DI COLLINS	
-	(Typed or printed name of person signing)	
	PRZSIDENT	
_	(Title of person signing)	

the

the