Palamage

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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JUL 18 2013 R. WHITE ME JUL 15 PHIZ: 13
NECRETARY OF STATES
ALLARISSEE FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Florida Ins		ersity, Inc.
DOCUMENT NUMBER: P020000968	54	<u> </u>
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Angela Birzon		
	Name of Contact Person	
Florida Insurand	ce University,	inc.
	Firm/ Company	
PO Box 952379)	
	Address	
Lake Mary, FL 3	32795	
	City/ State and Zip Code	
floridainsu@aol.co	m	
E-mail address: (to be use		notification)
13 man 112 132 1 (13 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		,
For further information concerning this matter, please	call:	
Angela Birzon	_{at (} 407	927-2610 de & Daytime Telephone Number
Name of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\$\subset\$	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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 Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment Articles of Incorporation of

FLORIDA INSURANCE UNIVERSITY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P02000096854 (Document Number of Corporation (if known)

endment(s) to

A. If amending name, enter the new name of th	e corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Covord "chartered," "professional association," or	Corp," "Inc," or "Co". A professi		
B. Enter new principal office address, if application of the principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
D. If amending the registered agent and/or reg new registered agent and/or the new registe		enter the nam	e of the
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent:	the obligations	of the position

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP		Michael R. Birzon	1292 W. Langley Ct.
X Add				Heathrow, FL 32746
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
0 0				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	<u>(Cles, enter enange(s) nere:</u> (Be specific)
N/A	(ne specific)
IN/A	
	
·	
	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	

The date of each amendment(s) a	doption: July 1, 2013
Effective date <u>if applicable</u> :	ıly 1, 2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated July 1	1, 2013
Signature	angela Direyn
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
appoin	nted fiduciary by that fiduciary)
	Angela Birzon
	(Typed or printed name of person signing)
	President
	(Title of person signing)