P02000134983

(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phon	e #)		
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16 DEC 15 AHII: 2

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: P02000134983 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 903 NORTH THIRD STREET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee \$43.75 Filing Fee & **☎**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

1.6

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment to

Articles of Incorporation

16 DEC 15 AH 11: 24

JENSEN &	MAWMA	N. INC.	· 大事· 是 · Land to the
(Name of Corporation		filed with the Florida Dept. of Sta	<u>te</u>)
F	02000	0134983	
(Docum	nent Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>FI</i>	orida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
TENSEN	INSUR	ANCE SERVICES	INC The new
name must be distinguishable and contain the wor. "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	ed "corporation, " "Inc," or "Co	" "company," or "incorporated" o". A professional corporation na	or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		803 NORTH TH	IRD STREET
		JACKSONVILLE BEACH	
		_	250
		1 5 5 5 6	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		803 NORTH THE	RD STREET
(mutting dualess MAT BE A TOST OFFICE BO			
		JACKSONVILLE	
		FL 3	2250
D. If amending the registered agent and/or register new registered agent and/or the new registered		s in Florida, enter the name of the	<u>2</u>
Name of New Registered Agent			
	(Florida stree	1 address)	
New Registered Office Address:			ı
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg	sistered Agent:		
I hereby accept the appointment as registered agent.		th and accept the obligations of the	position.
Sign	nature of New Res	gistered Agent, if changing	

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>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
l) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
Kelliove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
<u> </u>	
<u> </u>	
Face and 1	
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(y noi applicable, inalcale N/A)	
(у поі аррасионе, тансане N/A)	
(у поі аррасавіе, іпаісале N/A)	
(у поі иррасионе, тансане N/A)	
(у пол аррисаоне, таксале N/A)	
(у погаррисаоне, таксане N/A)	
(у пог аррисаоне, такане N/A)	
(у пог аррисаоне, такане N/A)	
(у пог аррисаоне, таксане N/A)	

The date of each amendment(s) adoption:date this document was signed.	01,	101,	/2017		_, if other than the
date this document was signed.					
Effective date <u>if applicable</u> :	01/	01/	2017		
	(no more thần 90	0 days after i	amendment file de	ite)	
Note: If the date inserted in this block does not document's effective date on the Department of St		able statutor	y filing requirem	ents, this date will	not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)				
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app		number of v	otes cast for the a	mendment(s)	
☐ The amendment(s) was/were approved by the s must be separately provided for each voting g					
"The number of votes cast for the amenda	ment(s) was/were	e sufficient f	or approval		
by	ig group)		***		
(votin	ig group)				
☐ The amendment(s) was/were adopted by the boaction was not required.	oard of directors	without shar	eholder action and	d shareholder	
The amendment(s) was/were adopted by the in- action was not required.	corporators with	out sharehole	der action and sha	reholder	
Dated12-09	-16				
M. I	im.	.			
Signature(By a director, president	ent or other offic	er – if direct	ors or officers has	ve not been	_
selected, by an incorp					
appointed fiduciary b			,		
	Shelly	丁, 1	Moore		
(T)	yped or printed r	name of pers	on signing)		
	PR	ESID	ENT		
		of person sig			