P03000053341

(Requestor's Name)	
(Address)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
,	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: COX TYS	urance Services Inc.
DOCUMENT NUMBER: PC	300053341
The enclosed Articles of Amendment and fee are sul	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Slago (Name of Con	tact Person)
Cox Insurance Stru (Firm/Co	mpany)
4768 Coquing Ki	ess) SE
St. Deterburg FC	33 705 d Zip Code)
For further information concerning this matter, pleas	e call:
Skyan Cox (Name of Contact Person)	at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$\$ Certified Copy (Additional Copy is enclosed)
Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment FILED CTATE

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Aru	to DIVISION OF CORPORATIO	NS
	los of Incomposation	
0 -	of 09 MAR 27 PM 4: 35	3
COX Insuran		INC.
(Name of Corporation as curre	ently filed with the Florida Dept. of St	ate)
D 03.0000	53341	
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006 following amendment(s) to its Articles of Incorp		Corporation adopts the
A. If amending name, enter the new name of	the corporation:	
The new name must be distinguishable an "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if appl	licable:	
(Principal office address MUST BE A STREE		
		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	CE BOX)	
		
		···
D. If amending the registered agent and/or re	egistered office address in Florida, en	ter the name of the
new registered agent and/or the new regis		
Name of New Registered Agent:		
Name of New Registered Agent.	······································	
1000 444		<u> </u>
New Registered Office Address:	(Florida street address)	
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin		
I hereby accept the appointment as registered position.	agent. I am familiar with and acce	pt the obligations of the

Signature of New Registered Agent, if changing

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Address **Type of Action** <u>Title</u> Name □ Add ☐ Remove _____ 🚨 Add ☐ Remove □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If 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)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

	The date of each amendment(s) adoption: () ct cher 12, 2006
7	Effective date if applicable: October 12, 2006
	(no more than 90 days after amendment file date)
	Adoption of Amendment(s) (CHECK ONE)
1	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 amendment(s):
	"The number of votes cast for the amendment(s) was/were sufficient for approval
	by"
	(voting group)
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Dated 3/19/2009
	Signature / 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 court appointed fiduciary by that fiduciary)
	Sloan Cox
	(Typed or printed name of person signing)
	President
	(Title of person signing)

. . .

Stock Certificate

This certifies that Sloan Cox
(is/are) the registered owners of 50 Shares of 100
common / Common Stock

Cox Insurance Services Inc. tax ID 16-1666000

Duly incorporated and in good standing under the laws of the State of Florida

Terms and Conditions

This certificate is an Amendment to a Shareholder Agreement dated 05/14/2003, a copy of which is filed with the Secretary of the Corporation. The shares represented by this certificate cannot be sold, transferred, assigned or otherwise disposed of or mortgaged, pledged, hypothecated, charged or otherwise encumbered. The purchase of an additional 31 shares of stock for \$1.00 from Wendy M. Cox represents an investment in the Corporation by Sloan Cox. Sloan Cox has held 20 shares until this point of common stock in Cox Insurance Services Inc. Total shares for Sloan Cox now equal 51 Corporate shares of Cox Insurance Services Inc. 100 total Corporate Shares are offered, of which 51 percent are owned by Sloan Cox, 49 percent by Wendy M. Cox. No guarantee is hereby given on any return on the investment made in the Corporation. The shareholder understands there are risks in any investment, and that the ownership interest represented by this Certificate is not insured, nor is it guaranteed by any governmental agency.

In witness whereof, the Corporation has caused this Certificate to be signed by its duly

authorized Officers on October 12, 2006.

Wendy M

Sloan Cox

Corporate President

Corporate Secratary

Certificate Numbers: 1-100

Notary Public

(CORPORATE SEAL)

JEFFREY R. WOODIN
Notary Public - State of Florida
My Commission Expires Jul 4, 2010
Commission # DD 570149
Bonded By National Notary Assn.

Jeffwooden exp 7/4/10