P0300053513

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2024 APR -8 PH 3: 44



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Randall la	in Smith Insurance Agen	cy Inc.		
DOCUMENT NUMBER:	D03000053513				
The enclosed Articles of Amend	ment and fee are su	bmitted for filing.			
Please return all correspondence	concerning this ma	tter to the following:			
		Randall Ian Smith			
	Name of Contact Person Randall Ian Smith Insurance Agency Inc.				
	Firm/ Company 744 Timacuan Blvd.				
	Address Lake Mary, Florida 32746				
	City/ State and Zip Code				
		smithra1@me.com			
E-ma	il address: (to be us	sed for future annual report	notification)		
For further information concerni	ng this matter, pleas	se call:			
Randall Ian Smith		_ at (407-721	I- 9 156		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for the follo-	wing amount made	payable to the Florida Dep	artment of State:		
	3.75 Filing Fee & rtificate 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Randall Ian Smith Insurance Agency Inc.

(Name of Corporation as currently	r filed with the Florida Dept. of State)
P03000053513	202.
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amend
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "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:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	ret address)
	T'I veri de
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	egistered 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 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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	D	Toby N. Smith	744 Timacuan Blvd. Lake Mary, F	
X Add			32746	
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

F Ifamandina	or adding additional Ar	rticles enter cha-	nga(s) hare		
(Attach additi	onal sheets, if necessary)	(Be specific)	nge(s) nere.		
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					<u></u>
					
If an amendr	ment provides for an ex	change, reclassifi	ication, or cance	llation of issued sl	nares,
provisions f	or implementing the am	<u>nendment if not c</u>	ontained in the	amendment itself:	•
(if not ap	pplicable, indicate N/A)				
•		<u>-</u>		•	
				_	
					
					

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this bedocument's effective date on the D		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of dire	ctors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of afficient for approval.	votes cast for the amendment(s)
	proved by the shareholders through voting each voting group entitled to vote separat	
"The number of votes cast	for the amendment(s) was/were sufficient	for approval
by		
	(voting group)	
March	ı 26, 2024	
Dated		
Signature	Randall Gan Sm	
selecte	irector, president or other officer – if directed, by an incorporator – if in the hands of a ted fiduciary by that fiduciary)	
	Randall Ian Smith	
	(Typed or printed name of pers	on signing)
	President	
	(Title of person signing)	