## P 0300004256

| (R                                    | equestor's Name)       |        |
|---------------------------------------|------------------------|--------|
| •                                     |                        |        |
| (A                                    | ddress)                | -      |
|                                       |                        |        |
| . (A                                  | ddress)                |        |
|                                       |                        |        |
| (C                                    | ity/State/Zip/Phone #) |        |
| PICK-UP                               | WAIT                   | MAIL   |
|                                       |                        |        |
| (B                                    | usiness Entity Name)   |        |
|                                       |                        |        |
| (D                                    | ocument Number)        |        |
| Certified Copies                      | Certificates of        | Status |
| •                                     | ·                      |        |
| Special Instructions to               | Filing Officer:        |        |
|                                       |                        |        |
|                                       |                        |        |
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Office Use Only



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Orx section

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION:NSWANCE                                      | Consultants Incorporated  |
|--|---|
| DOCUMENT NUMBER:P030000  | 04250   |
| The enclosed Articles of Amendment and fee are sub               | mitted for filing.  |
| Please return all correspondence concerning this matt            | er to the following:  |
| Saman<br>Name of   | Ma Vagy Contact Person  |
| Payroll  | MSUHANTS<br>Company   |
|  | rism Rd<br>Address  |
| Byandov<br>City/ Sta   | FL 33511<br>e and Zip Code  |
| Same payron Consultation for full address: (to be used for full  | ture annual report notification)  |
| For further information concerning this matter, please           | call:   |
| Samantha Hagy Name of Contact Person                             | at (813) 0845084<br>Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount made p              | ayable to the Florida Department of State:  |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & □ Certificate of Status | 3 \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed) |
| Amendment Section  Division of Corporations  P.O. Box 6327       | Atreet Address  Amendment Section  Division of Corporations  Clifton Building  661 Executive Center Circle        |

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**

|                        | 01                             |                       |
|------------------------|--------------------------------|-----------------------|
| Insurance              | Consultants                    | incorporated          |
| (Name of Corporation a | is currently filed with the Fl | orida Dept. of State) |
| P0300001               | 4256                           |                       |
| (Docume                | ent Number of Cornoration (if  | known)                |

wing

| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:                                       | 06, Florida Statu  | ites, this <i>Florida Prof</i> | <i>it Corporation</i> adop    | ts the follo     |
|--|--------------------|--------------------------------|-------------------------------|------------------|
| A. If amending name, enter the new name of   | of the corporation | on:                            |                               |                  |
| name must be distinguishable and contain abbreviation "Corp" "Inc.," or Co.," or the name must contain the word "chartered," "pro- | e designation "Č   | Corp, " "Inc, " or "Co"        | . A professional co           |                  |
| B. Enter new principal office address, if app<br>(Principal office address MUST BE A STREE   |                    | 223 MOYrIST                    | n Road AK                     | 09 AUG           |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)  |                    | Brandon Fi<br>223 Morris       | 33511 ESECTION ROAD           | ILED 13 AMII: 27 |
| D. If amending the registered agent and/or new registered agent and/or the new reg   |                    |                                | 33511<br>enter the name of th | <u>e</u>         |
| Name of New Registered Agent:  | <del></del>        |                                |                               |                  |
| New Registered Office Address:   | (Flor              | ida street address)            |                               |                  |
|  | (City,             | ) (                            | , Florida<br>Zip Code)        |                  |
| New Registered Agent's Signature, if change I hereby accept the appointment as registered to                                       |                    |                                | he obligations of the         | position.        |
| · · ·  | Signature of Nev   | v Registered Agent, if c       | hanging                       |                  |

## 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)

| <u>Title</u> | <u>Name</u>   | <u>Address</u>                        | Type of Action      |
|--------------|---|---------------------------------------|---------------------|
| 16           | Christopher W Crusey  | 223 Morrison Road<br>Brandon FL 33511 | Add Remove          |
|              |   |                                       | _ □ Add<br>□ Remove |
|              |   |                                       | _                   |
|              | nding or adding additional Articles, enter additional sheets, if necessary). (Be speci                      |                                       |                     |
|              |   |                                       |                     |
|              |   |                                       |                     |
| provis       | imendment provides for an exchange, recions for implementing the amendment if not applicable; indicate N/A) |                                       |                     |
|              |   |                                       |                     |
|              |   |                                       |                     |
|              |   |                                       |                     |

| The date of each amendment(s) adoption:  |
|--|
| Effective date if applicable:  (no more than 90 days after amendment file date)  |
| (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s) (CHECK ONE)   |
| 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 stateme 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)  |
| (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 8 10 09  |
| Signature  |
| (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) |
| Trank Van beboe (Typed or printed name of person signing)  |
| President  |
| (Title of person signing)  |