## P03000095717

(Requestor's Name)	
(Address)	
(Address)	- ·· -
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filling Officer:  Thomas Dibel  Advised to Ac  New registered  Inform	lo let ation

Office Use Only



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Amend

SEP 9 2015 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: Di Bello Insuranu Agency, Inc DOCUMENT NUMBER: PO300095819			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Thomas DiBalb Name of Contact Person			
DiBello Insulance Ageny Inc			
5200 N Ocean Blvd Stc 405			
Lauderdale by the Sea FL 33308 City/State and Zip Code			
Compuncy di beloe comcast. Net E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Thomas Di Bello at (941) 3510-2735  Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301



August 20, 2015

THOMAS DIBELLO DIBELLO INSURANCE AGENCY, INC. 5200 N. OCEAN BLVD - STE. 405 LAUDERDALE BY THE SEA, FL 33308

SUBJECT: DIBELLO INSURANCE AGENCY, INC.

Ref. Number: P03000095819

We have received your document for DIBELLO INSURANCE AGENCY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

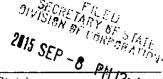
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 315A00017626

## Articles of Amendment to Articles of Incorporation



DiBello Insurance Agency, Inc

(Name of Corporation as currently filed with the Florida Dept. of State

P03000095819

(Document Number of Corporation (if known)

(Boeument Number C	or Corporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	5200 N Ocean Blud Ste 405
(Principal office address MUST BE A STREET ADDRESS)	Lauderdale by the sea FL 33308
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5200 N Ocean Bluck Ste 405
	Lauderdale by the Sea FL 33308
·	
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>ss:</u>
Name of New Registered Agent INOMAS	Di Dello
5200 N	1. Ocean Blvd-Ste 40
New Registered Office Address: Lawerda	alebythe segflorida 33308
	(City) V (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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 <math>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	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Branwin R Spraga	8331 Canopy Terrace
Add			Parkland FL 33074
Remove			
2) Change	CEO	Thomas DiBello	5200 N Ocean Blud Guderduk by Sea FL 3330
Remove			G044 (700 ) 1 - 0 0 1 - 0 0 0 1
3 ) Change			
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del> </del>	
	Not a discount about
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 8 8 15 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as the
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 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)	
(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	
(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)	
Bran Wen 2 Spraga (Typed or printed name of person signing)	<u> </u>
(Title of person signing)	<del></del>
(Title of person signing)	