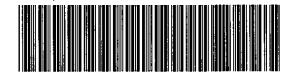
P03000102921

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
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2011 DEC 27 PH 3 39
SECRETARY OF STATE

ADR 12/29/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	. Joseph C	Dietrich Ins	surance	Agency, Inc.
DOCUMENT NUMBER:		03000102	921	
The enclosed Articles of Amen	dment and fee are su	bmitted for filin	g.	
Please return all correspondenc	e concerning this ma	tter to the follow	ving:	
		Joseph I	Dietrich	
	Name of Contact Person			
Joseph Dietrich Insurance			rance A	gency, Inc.
	Firm/ Company			
	9070 Kimberly Blvd #59			
·		Add	ress	
	Boo	ca Raton,	FL 334	34
		City/ State ar	nd Zip Code	
	A08	0156@al	istate.co	om
E-m	ail address: (to be us			
For further information concern Joseph Di		se call:	561	395-0121
Name of Contac			& Daytime Telephone Number	
Enclosed is a check for the follo	owing amount made	payable to the Fl	lorida Depart	ment of State:
	43.75 Filing Fee & ertificate of Status enclosed)	□\$43.75 Filin Certified Co (Additional (A	ору	S52.50 Filing Fee Certificate of Status Certified Copy oy is enclosed)
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7		Division Clifton B 2661 Exe	ent Section of Corporations



Articles of Amendment to Articles of Incorporation

FILED

Joseph Dietrich Insurance Agency, Inc.

2011 DEC 27 PH 3= 39

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

P03000102921

SECRETARY OF STATE TALLAHASSEE FLORID

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	surance Services, Inc		The
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	orp," "Inc," or "Co". A profes	" or "incorpo sional corpora	rated" or the abbrev tion name must conta
B. Enter new principal office address, if applicate (Principal office address <u>MUST BE A STREET A</u>	ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)		
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florida, red office address:	enter the nam	ne of the
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		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 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> <u>Jol</u>	ın <u>Doe</u>		
X Remove	<u>V</u> <u>Mi</u>	ke Jones		
X Add	<u>SV</u> <u>Sal</u>	lly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove				
2) Change Add Remove			 	
3) Change Add Remove				
4) Change Add Remove		•	 	
5) Change Add Remove			 	
6) Change Add Remove			 	

E. <u>If amending or adding additional Articles</u> (attach additional sheets, if necessary).	(Be specific)
No. 11 100 1000 1100	
100 - 100 -	
. If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	-

The date of each amendment(s) adoption:	December 20, 2011
Effective date if applicable:	January 1, 2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
■ The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):
	nendment(s) was/were sufficient for approval
by	voting group)
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder
Dated 2-2 Signature	2-18
(By a director pr (selected, by an in	esident or other officer – if directors or officers have not been acorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)
Josep	oh Dietrich
	(Typed or printed name of person signing)
Presid	
	(Title of person signing)