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COVER LETTER

TO: Amendment Section Division of Corporations Community Insurance Group, Jac DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William E Puckett
Name of Contact Person Community Insurance Group, JUL OAK Field Dr.
Address Le Communify in Salo Q. Lom

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William F Puckett at (813) 685-8040

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently	v filed with the Flo	rida Dept. of S	tate)	
Communi	tu I	nsurance Corporation (if kno	Grow,	TIVO	
(Documer	t Number of	Corporation (if kno	own)		
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this	Florida Profit Corp	oration adopts	the followin	g amendment(s
A. If amending name, enter the new name of the corp	oration:				
					_The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "0	Co". A profession	Tincorporated al corporation	r or the a name must	obreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>ESS</u>)				
					<u>مت</u>
					
C. Enter new mailing address, if applicable:					1
(Mailing address MAY BE A POST OFFICE BOX)					····
 If amending the registered agent and/or registered new registered agent and/or the new registered of 			er the name of	<u>the</u>	
Name of New Registered Agent					_
	(Florida stre	eet address)			-
New Registered Office Address:			, Flor	ida	
		(Ciny)		ida <i>(Zip</i>	Code)
New Registered Agent's Signature, if changing Regist	ered Agent				
I hereby accept the appointment as registered agent. I a			obligations of th	e position.	
Signati	ire of New Ri	egistered Agent, if o	hanging	<u> </u>	-

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: XChange	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		James S Young JR	P.O. BOX 1637
Add			Tampa, 76 3368.
X Remove			
2) Change	P	William E Rickett	823 Timber Pond D
X Add			0162001 76 23210
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change		-	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
16	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adopti	on: 7/30/2019	, if other than the
date this document was signed.		
	7/30/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing require nent of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficients.	by the shareholders. The number of votes east for the ent for approval.	e amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The folion voting group entitled to vote separately on the amen	lowing statement idment(s):
"The number of votes east for t	he amendment(s) was/were sufficient for approval	
by		
, 	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and s	shareholder
Dated7/31	0/2019	
Signature	it & Puckett	
	or, president or other officer – if directors or officers lean incorporator – if in the hands of a receiver, trustee	
	iduciary by that fiduciary)	, or other court
	William E Puckett	<u></u>
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	