# P0100050129

(Re	questor's Name)	
971)	questor's Name;	
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Amend Manie

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#### - COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Synergy Insurance	Consulting, Inc.		
DOCUMENT NUMB	ER: P04000156729			
	of Amendment and fee are sul	bmitted for filing.		
Please return all corresp	pondence concerning this mat	ter to the following:		
,	Rose Bingham			
•		Name of Contact Persor	1	
!	Synergy Insurance Consulting	g, Inc.		
•		Firm/ Company		
	1254 Oakwater Dr			
-		Address		
	Royal Palm Beach, FL 33411	•	_	
•		City/ State and Zip Code	e	
rosebi	ngham.synergy@gmail.com			
<del></del>	E-mail address: (to be us	ed for future annual report	notification)	
For further information	a concerning this matter, pleas	e call:		
Rose Bingham		at (	821-3920	
Name o	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi: P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Inhansee, FL 32314	Amend Division Clifton	Address Iment Section on of Corporations a Building Executive Center Circle	

Tallahassee, FL 32301

### Articles of Amendment Articles of Incorporation of



Synergy Insurance Consulting, Inc.

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

P04000156729

ent(s) to

	(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, th	nis Florida Profit Corporation adopts the following amend		
A. If amending name, enter the new n	ame of the corporation:			
Synergy Search & Placement, Inc.		The n		
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associates."	nation "Corp," "Inc." or	tion," "company," or "incorporated" or the abbreviate "Co". A professional corporation name must contain		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1254 Oakwater Dr		
		Royal Palm Beach, FL 33411		
,				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1254 Oakwater Dr		
		Royal Palm Beach, FL 33411		
new registered agent and/or the ne		ldress in Florida, enter the name of the ess:		
Name of New Registered Agent	1254 Oakwater Dr			
		street address)		
New Registered Office Address:	Royal Palm Beach	Florida 33411		
New Registerea Office Address.		(City) , Florida (Zip Code)		
New Registered Agent's Signature, if of I hereby accept the appointment as registered.	tered agent. It am familia	r 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	<del></del>	_		
Add				
Remove				
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If an amendment provides for an exch	ange, reclassificatio	on, or cancellation	of issued shar	es,	
provisions for implementing the ame	ange, reclassification	on, or cancellation ined in the amenc	of issued shar ment itself:	es,	
(if not applicable, indicate N/A)	ange, reclassification	on, or cancellation ined in the amend	of issued shar ment itself:	<u>'es,</u>	
(if not applicable, indicate N/A)	ange, reclassification	on, or cancellation ined in the amend	of issued shar ment itself:	es,	
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(if not applicable, indicate N/A)	ange, reclassification	on, or cancellation ined in the amend	of issued shar	'es,	

	N/A	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	The state of the s	
· ·	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	r
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
July 22, 20 Dated	15	
Signature	K ( ) ( )	
	lirector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
•	Rose Bingham	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<u></u>