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Amend richs

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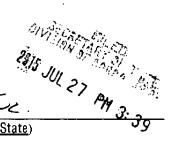
COVER LETTER

TO: Amendment Section

Division of Corpor						
NAME OF CORPORA	ATION: LINCOLA	INSURANC	e Agency, Inc.			
DOCUMENT NUMBE	:R: PO50	00003978	/			
	f Amendment and fee are su					
Please return all corresp	ondence concerning this man	tter to the following:				
_	J	esus AcosT	<i>A</i>			
		Name of Contact Person	l			
_	Firm/ Company					
_	Address MiAmi, FL 33015 City/ State and Zip Code					
	m:	Address	2015			
_	<i>[]]</i>	City/ State and Zip Code	;			
		costa 2 CA				
 		sed for future annual report				
For further information of	concerning this matter, pleas	se call:				
Jesus	· AcosTA	at (305	807-6358 de & Daytime Telephone Number			
Name of	Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)			
Mailing Address			Address			
	dment Section on of Corporations	Amendment Section Division of Corporations				
P.O. F	Box 6327	Clifton Building 2661 Executive Center Circle				
ı allar	nassee, FL 32314	2001 E	xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



Lincoln Insurance Agency, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

POSOOOO39781
(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

as Articles of Incorporation.		
A. If amending name, enter the new name of the corporation	on:	
BEST PROTECTION INS	WANCE, TNC. The	naur
name must be distinguishable and contain the word "corpo	oration," "company," or "incorporated" or the abbrevia	iew tion
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc,"	" or "Co". A professional corporation name must contain	the
word "chartered," "professional association," or the abbrevia		
B. Enter new principal office address, if applicable:	20040 NW 86CT	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33015	_
		_
C. Enter new mailing address, if applicable:	00 1 2001 511	
(Mailing address MAY BE A POST OFFICE BOX)	1.0, BOX 398939	
	NO, BOX 398454 MiAMi BEACH, FL 332	139
	,	
- 		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	<u>e address in Florida, enter the name of the</u> Idress:	
	Λ/Δ	
Name of New Registered Agent	/V / [7	
	ν /A	
. (Flor	rida street address)	
New Registered Office Address	$\mathcal{N}(A)$, Florida $\mathcal{N}(A)$	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fan		
т петебу ассерсите арронишень аз теунчего адень. Танглан	miar with and accept the obligations of the position.	
	1.	
	$\mathcal{N} / \mathcal{P}$	
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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name $\mathcal{N}\mathcal{A}$	Address
1) Change		$\mathcal{N}_{\mathcal{A}}$	
Add			
Remove			
2) Change			
Add			<u> </u>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			1
6) Change			
Add			
Remove			

E. <u>If amending o</u> (Attach <i>additio</i>	or adding additional Artional Artional Artional Sheets, if necessary).	(Be specific)			
	NIT				
 					
					
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		<u> </u>			
				3	
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provisions fo	ment provides for an exclor implementing the ame opticable, indicate N/A)	endment if not cont	ion, or cancellation ained in the amend	n of issued shares, Iment itself:	
	~ /				
 					
				<u> </u>	

egas to the	1/2	
The date of each amendment(s) adoption: _ date this document was signed.		, if other than the
Effective date if applicable:	(no more than 90 days att.	er amendment file date)
	(no more man so days and	er amenomem me datej
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statu	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo		of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each votil		
"The number of votes cast for the an		• •
by		,,
(1)	voting group)	 -
The amendment(s) was/were adopted by the action was not required.	ne board of directors without sl	nareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	,	older action and shareholder
Dated 7/14/8	2015	
Signature		
selected, by an ir		rectors or officers have not been a receiver, trustee, or other court
_	Jesus Aco	
	(Typed or printed name of po	
	President	
	(Title of person:	signing)