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Office Use Only



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11/2/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: /NSURAX	XE SOURCE GROUP	2.100
	0070838	
The enclosed Articles of Amendment and fee ar	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Scott T	SODIE ame of Contact Person	
INSURANCE SO	Eirm/Company	
	y AU., Suite 22	
ORLANDO P	T 32803 ty/ State and Zip Code	
	IRANCESOURCE GROUP. Conformation for future annual report notification)	
For further information concerning this matter, p		592 × / D 3 ohone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Departn	nent of State:
\$35 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 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 2	010 NOV 19 AM 10: 34	
INSURANCE SOURCE	GROVE, INC.	SECORTARY OF OTHER	
(Name of Corporation as cur			
P05000071	0838	-	
	imber of Corporation (if known	own)	
ursuant to the provisions of section 607.10 mendment(s) to its Articles of Incorporation:		Torida Profit Corporation adopts the	e follo
. If amending name, enter the new name	of the corporation:		
		The	new'
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pi	te designation "Corp," "In	c," or "Co". A professional corpore	
. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>			
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable	 le:		
(Mailing address <u>MAY BE A POST OFF</u>	TICE BOX)		
		.	
. If amending the registered agent and/or new registered agent and/or the new reg		n Florida, enter the name of the	
new registered agent and/or the new res	gistered office address:		
Name of New Registered Agent:			
Mary Productional (VC (1 leaves	/F1:J	- 11 h	
New Registered Office Address: (Florida street address)		naaress)	
	//?!	, Florida	
	(City)	(Zip Code)	
ew Registered Agent's Signature, if chang hereby accept the appointment as registered	t <mark>ing Registered Agent:</mark> agent. I am familiar with t	and accept the obligations of the posit.	ion.
	Signature of New Registere	d 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)

Title .	<u>Name</u>	<u>Address</u>	Type of Action
Vo_	STEVE LEWIS	8565 SIDON ST ORUANDO, FL 3281	Add Remove
			_
			_
	ling or adding additional Articles, enter Iditional sheets, if necessary). (Be spec		
<u>provisio</u>	nendment provides for an exchange, ro ns for implementing the amendment i not applicable, indicate N/A)		

The date of each amendment(s) a	loption: ///15/20/0
	(date of adoption is required)
(no	more than 90 days after amendment file date)
4	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	.,,
(voi	ng group)
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated//	17/2010
Signature(By a di	Clor, president or other officer – if directors or officers have not been
setected	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
_	JOHN SCOTT BODIE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)