P05000127013

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Buomood Emily Mario)
(Document Number)
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Amend

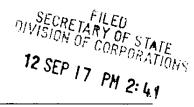
SEP 1 8 2012 T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: A+ Accurac	cy Insurance Age	ency, Inc
DOCUMENT NUMB	_{ER:} P0500012701	3	
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	Lesia Redeske		
-		Name of Contact Person	1
	A+ Accuracy Insu	irance Agency, I	nc
-		Firm/ Company	
	2529 West Busch	n Blvd Suite # 16	000
-		Address	, 1 - 1 7 - 1 1 1 1 1 1 1 1 1 1
	Tampa Florida 33	3618	
<u>-</u>		City/ State and Zip Code	e
lesi	a@a-accuracyins	com	
	•	sed for future annual report	notification)
For further information	concerning this matter, pleas		. 514-4837
	f Contact Person	at (Area Co	514-4837 de & Daytime Telephone Number
	the following amount made		·
□ \$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 Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle ussee, FL 32301

Articles of Amendment Articles of Incorporation



A+ Accuracy Insurance Agency Inc

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

P05000127013

ent(s) to

(Documer	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendm
A. If amending name, enter the new na	ame of the corporation:	*	
			The ne
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corpo	
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
C. Enter new mailing address, if appli	icable:		
(Mailing address MAY BE A POST	OFFICE BOX)		
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the na	ame of the
new registered agent and/or the ne	W TEEISCHEU OINCE AUUIESS.		
Name of New Registered Agent			
	2529 West Busch	Blvd Suite 1000	_
	(Florida stree	•	00040
New Registered Office Address:	Tampa	, Florid	a 33618 (Zip Code)
	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligation	ons of the position.
Si	anatura of New Pagistared As	agnt 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	Garrett Redeske	2529 W Busch Blvd
Add			Suite # 1000
X Remove			Tampa FL 33618
2) Change	 15,		
Add			·
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Removing VP Garrett Redeske and transferring his shares of 5%)
to Lesia Redeske	
	<u> </u>
	<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
NA	

The date of each amendment(s) a	doption: 08/30/2012
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient 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	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	
Signature _	esia Redeske
	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)
аррош	Lesien Redeste
	(Typed or printed name of person signing)
	President
	(Title of person signing)