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2011 MAY 10 PM 2: 37
SECHETARY OF STATE
SECHETARY OF STATE

C. GOLDEN MAY 1 1 2018

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Insurance Advisors	of Florida				
DOCUMENT NUM	BER: P06000114533					
	of Amendment and fee are sub	mitted for filing.				
Please return all corre	spondence concerning this matt	er to the following:				
	Tina Kuga					
	Name of Contact Person					
	Firm/ Company					
	795 Primera Blvd. STE 1011					
		Address				
	Lake Mary, FL 32746	<u> </u>				
		City/ State and Zip Code	;			
tina@	insadvisors.com					
For further information	E-mail address: (to be use	***	notification)			
•		• • • • • • •				
Tina Kuga	8	, di ( 407	748-4480			
Name	of Contact Person	Area Coo	748-4480 de & Daytime Telephone Number			
	or the following amount made p					
\$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 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				

Contable to the standard section of the standard

## Articles of Amendment to Articles of Incorporation of

FILED

PM 2: 37

NSURANCE ADVISORS OF FLORIDA, INC.		Zeie nat In Su S
(Name of Corporation as cu	rrently filed with the Florida Dep	pt. of State) SECKETARY OF STA
06000114533		TALLAHASSEE, FLOI
(Document Num	nber of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes Articles of Incorporation:	s, this <i>Florida Profit Corporation</i> s	adopts the following amendment(s) to
If amending name, enter the new name of the corporation	on:	
		The new
ame must be distinguishable and contain the word "corp. Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, ord "chartered," "professional association," or the abbrevio	" or "Co". A professional corpor	porated" or the abbreviation ration name must contain the
<u>Enter new principal office address, if applicable:</u> rincipal office address <u>MUST BE A STREET ADDRESS</u> )		
Assiste	e of Merculaged	
trincies	to	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	795 Primera Blvd. STE I	011
Manne of the deep served at the	Lake Mary, FL 32746	2.22
Carrie of the Control	18.22.01 12.02 <del></del>	<del></del>
If amending the registered agent and/or registered offic new registered agent and/or the new registered office ad Name of New Registered Agent	ddress: lanida Uro, u Carponatics	
		<u> </u>
(Pio	rida street address) avrationi, "Teorgie Victoria Interna-	in the state of th
		_, Florida
Some all the second and the second	aital (City)	(Zip Code)
en e		
ew Registered Agent's Signature, if changing Registered	Agent	
hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligation	ons of the position.
		· · ·
and the control of the Confidence of the control of	198 Programme Start	
Signature of	New Registered Agent, if changing	3
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the property of the new registered office a	Page 1 of 4	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and **中国科学的** 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	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Chad Garrell	795 Primera Blvd. STE 1011
Add		· · .	Lake Mary, FL 32746
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2) X Change	VP	Tina Kuga	795 Primera Blvd. STE 1011
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Attach additional sheets, if ne	cessary)."" (Be specific)	A CONTRACTOR OF THE PROPERTY O	and the house
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(if not applicable, indica	te N/A)	<del></del>	
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The date of each amendment(s)	adoption:				if other than the
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	(no n	nore than 90 days af	ier amenamen	i jue aate)	·
Note: If the date inserted in this document's effective date on the			utory filing re	quirements, th	is date will not be listed as the
Adoption of Amendment(s)	(CHECK (	ONE)			
■ The amendment(s) was/were a	adopted by the shareh	olders. The number	of votes cast f	or the amendu	ent(s)
by the shareholders was/were			01 10100 4401		, v
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☐ The amendment(s) was/were a	approved by the share	holders through voti	ng groups. Th	e following sta	ntement
must he separately provided j	for each voting group	entitled to vote sepa	rately on the	antendment(s):	
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"The number of votes ca	ist for the amendment	(s) was/were sufficie	ent for approve	ıl	4.6
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Signature	(Apartment State)	s territed.			
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