P06000135327

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SECRETARY OF STATE
DIVISION OF CORPOSATION

APR 8 2015

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: AMERICAN KE	YSTONE INSURANCE CO	DMPANY
DOCUMENT NUM	IBER: P06000135327		
The enclosed Article	s of Amendment and fee are si	ubmitted for filing.	
Please return all corr	espondence concerning this me	atter to the following:	
	HARRY W. HASKINS		
		Name of Contact Person	n
	HASKINS LAW FIRM		
•		Firm/ Company	
•	3400 S TAMIAMI TRAIL,	SUITE 201	
	,	Address	-
	SARASOTA, FL 34239		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e
lgar	dner@ghold.com		·
-8		sed for future annual report	notification)
For further information	on concerning this matter, plea		366_1388
		at (941	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artiment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	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	

EILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Amendment to Articles of Incorporation of

16 APR -5 AMII: 15

(<u>Name</u>	of Corporation as curren	ntly filed with the Florida Dept. of State)		
06000135327				
	(Document Number	of Corporation (if known)		
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s)		
If amending name, enter the new na	ame of the corporation:			
MERICAN KEYSTONE COMPANY	,	The new		
me must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
Enter new principal office address, if applicable:		7365 POINT OF ROCKS ROAD		
rincipal office address MUST BE A S	TREET ADDRESS)	SARASOTA, FL 34242		
		Market and a state of the second of the seco		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 1329		
· ·		SARASOTA, FL 34230		
		1.11-11.11.11.11.1.1.1.1.1.1.1.1.1.1.1.		
If amending the registered agent an new registered agent and/or the nev	<u>d/or registered office ad</u> v registered office addre	dress in Florida, enter the name of the ss:		
Name of New Registered Agent	THOMAS AVRUTIS			
Name of New Register and Agent	2033 WOOD STREET,	SUITE 200		
		· · · · · · · · · · · · · · · · · · ·		
	(Florida s	treet address)		
New Registered Office Address:	(Florida s	rireet address) . Florida 34237		

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	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	PHILIP C CAWLEY	117 CALLE NORTE
Add			ST AUGUSTINE BEACH, FL
X Remove			32095
2) Change	D	EDWARD W BUTTNER	4664 CORRIENTIES CIRCE NOR
, Add			JACKSONVILLE, FL 32217
X Remove			
3) Change	D .	TRUDO T LETSCHERT	1650 CHAPLINE LANE
Add			SARASOTA, FL 34236
X Remove			
4) Change	D	ROBERT M TAYLOR	611 MOURNING DOVE DRIVE
Add			SARASOTA, FL 34236
X Remove			
5) Change	D	BRUCE K HOWSON	109 MARSH REED LANE
Add			PONTE VEDRA, FL 32082
X Remove			
δ) Change	D	MICHAEL R CRATEM	3005 S. BEAUCLERC OAK DRIV
Add			JACKSONVILLE, FL 32257
x			
Remove			

	OF OFFICER	S/DIRECT	ORS CONT'D						
ADD:	TITLE: D	NAME:	THOMAS AVRU	TIS AD	DRESS: 2	2033 WOOD S	TREET, SU	ITE 200	·
					5	SARASOTA, F	L 34237	٠	
4 3 4 E 1	AD ADDICE D	OF INC	ORPORATION - A	A DTICLE	VI DIN	CTORS			
The co	orporation sha	li have at	least one director v	vho is a ci	tizen of the	United States	of America	and who is	at least
eighte	en years of ago	e. The nar	ne and street addre	ss of the d	lirector wh	ose initial term	of office sh	all be for or	ne year is:
Thom	as Avrutis							,	
2033 1	Wood Street, S	Suite 200							
Sarasc	ta, FL 34237	•							
						,			
						-		 	·····
						······································		•	
		 					·· ·· · ·		
	 	· · · · · · · · · · · · · · · · · · ·							·····
•						<u> </u>			
	n amendmen	t proyides	for an exchange,	reclassific	cation, or	cancellation o	issued sha	res.	
F. <u>lf a</u>	ovisions for it	mplement	ing the amendmer	reclassifi nt if not co	cation, or ontained i	cancellation o	issued sha ant itself:		
₹. <u>lf a</u> pr	n amendmen ovisions for in (if not appli	mplement	ing the amendmer	reclassifi at if not co	cation, or ontained i	cancellation o	issued sha ant itself:	res.	
7. <u>If a</u> pr	ovisions for it	mplement	ing the amendmer	reclassifi et if not co	cation, or ontained i	cancellation o	issued sha ant itself:		·
pr	ovisions for it	mplement	ing the amendmer	reclassifi et if not co	cation, or ontained i	cancellation o	issued sha ent itself:		·
pr	ovisions for it	mplement	ing the amendmer	reclassific	cation, or ontained i	cancellation o	issued sha ent itself:		
pr	ovisions for it	mplement	ing the amendmer	reclassific	cation, or ontained i	cancellation o	issued sha ent itself:		
pr	ovisions for it	mplement	ing the amendmer	reclassified if not co	cation, or ontained i	cancellation o	issued sha		
?. If a	ovisions for it	mplement	ing the amendmer	reclassific	cation, or ontained i	cancellation o	issued sha		

	SECRETARY	EE Y OK Stone
The date of each amendment(s) adoption:	DIVISION SHE	other than the
date this document was signed. FILING DATE	16 ADD . F	81411 A.m.
Effective date if applicable:	16 APR -5	AM 11: 15
(no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, to document's effective date on the Department of State's records.	his date will not be	e listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendr by the shareholders was/were sufficient for approval.	ment(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st must be separately provided for 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	1	
by" (voting group)		
(voling group)		
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder	
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er	
Dated 4/1/16		
Signature		
(By a dilector, president or other officer — if directors or officers have not selected, by an incorporator — if in the hands of a receiver, trustee, or other		•
appointed fiduciary by that fiduciary)		
THOMAS AVRUTIS		
(Typed or printed name of person signing)		
DIRECTOR		
(Title of person signing)		