P06000146444

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SECREDAL OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Troy Fain Insurance	ce, Inc.			
DOCUMENT NUM	1BER: P06000146444				
	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	itter to the following:			
	Tonya Godwin				
	Name of Contact Person			_	
	Troy Fain Insurance, Inc.				
	Firm/ Company			_	
	P.O. Box 5077				
		Address		_	
	Tailahassee, FL 32314				
	City/ State and Zip Code			_	
trgodwin@npuonline.com					
	E-mail address: (to be us	sed for future annual report	notification)		
				ζŊ (T)	: P
For further informati	on concerning this matter, pleas	se call:		TAR CR	ت ت
Tonya Godwin		at (701-4300	AE EE EE	2023 HAY 19
Name of Contact Person		Area Co	de & Daytime Telephone Numb	ar 1/2 (
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	DRETAR CORSTAT ALLAHIASSEE, FL	ЛН 8: 47
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	FL	L 7
Ar Di P,0	ailing Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Division The C 2415 I	Address Idment Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 assee, FI, 32303		

Articles of Amendment to Articles of Incorporation of

Troy Fain Insurance, Inc			
(Name of Corpor	ation as currently filed with the Florida Dept. of State)		
P06000146444			
(Doc	cument Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006. Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the fo	llowing amer	ndment(s) to
A. If amending name, enter the new name of the	corporation:		
		The	61,214*
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the above	"corporation," "company," or "incorporated" or the abbrac," or "Co". A professional corporation name must breviation "P.A."	eviation "Co.	rp.,"
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			_
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		_
D. If amending the registered agent and/or registered agent and/or the new register.	stered office address in Florida, enter the name of the ed office address:	SECRETARI TAI LAHI	2028 HAY 19
Name of New Registered Agent		<u> </u>	• ·
	-	E S	
	(Florida street address)		აფ. <u>1</u> .
New Registered Office Address:	. Florida	' m	7
ren regimered cypice plantegy.	(City)	(Zip Code)	_
	t. I am familiar with and accept the obligations of the pos	ition.	
Si	gnature of New Registered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change		<u> </u>		
Add				
Remove				-
2) Change				
Add				- 4 2
Remove 3) Change				2023 HAY SECHICLIA TVA LA
Add				H 19
Remove				25. WH 25.
4) Change				IN F
Add				- TE 7
Remove				
5) Change				
Add				
Remove			-	
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary). (Be specific) mending Article IV Capital Stock		
he corporation is authorized to issue 500 shares of no par value stock.		
	<u></u>	
		
 		
	<u> </u>	292
		ZAM ESIS
	AH.	119
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	AHASSET	H
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	T S	4 8: F
	TATE	
		-
		<u> </u>

•	April 26,2023	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file d	
	(no more than 90 days after amenament file a	aie)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requiren Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sha	reholder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	pproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amend	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
May 18, Dated	2023	
Signature	Chital Co	ave not been SEC NAY or other court
(By a	director, president or other officer - if directors or officers ha	ave not been
	ted, by an incorporator – if in the hands of a receiver, trustee,	or other court AH
арро	nted fiduciary by that fiduciary)	美烈 9
	Christopher Chee	or other court OF AMAY 19 MM
	(Typed or printed name of person signing)	S: 47 STAT E: FL
	President	FL
	(Title of person signing)	