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SECRETARY OF SAME

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: A Mid-Florida Agencies Inc. DOCUMENT NUMBER: P06000147358 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robbie J Gump Name of Contact Person A Mid-Florida Agencies Inc. Firm/ Company 11974 CR 101, Suite 105 Address The Villages, FL 32162 City/ State and Zip Code rgump@midfloridaagencies.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _at (352) 361-7519
Area Code & Daytime Telephone Number Robbie J Gump Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation



of the corporation: the word "corporation," "co	SECRETARY OF STATE ration (if known) TALLAHASSEE. FLORIDA Profit Corporation adopts the following amendment(s) The new ompany." or "incorporated" or the abbreviation A professional corporation name must contain the
of the corporation: "the word "corporation," "coon "Corp," "Inc," or "Co", and "or the abbreviation "P.A." "applicable:	The new company." or "incorporated" or the abbreviation
e of the corporation: In the word "corporation," "coon "Corp," "Inc," or "Co", in," or the abbreviation "P.A." Applicable:	The new
n the word "corporation," "co on "Corp," "Inc," or "Co", i n," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation
on "Corp," "Inc," or "Co", a," or the abbreviation "P.A," spplicable:	ompany," or "incorporated" or the abbreviation
<u>FICE BOX</u>)	
	Florida, enter the name of the
obbie J Gump	
974 CR 101, Suite 105	
(Florida street addr	ess)
e Villages	, Florida 32162
(City)	(Zip Code)
nging Registered Agent:	(Zip Code)
	nging Registered Agent:

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Tîtle</u>	<u>Name</u>	<u>Addres</u> s
i) Change	P	Gump, William P	3723 Pepperidge Circle
Add			The Villages, FL 32163
X Remove			
2) X Change	P	Gump, Robbie J	11974 CR 101, Suite 105
Add			The Villages, FL 32162
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Pamaya			

	ding additional Articl sheets, if necessary).	(Be specific)				
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	 		<u> </u>			
If an amandman	provides for an excha	nao voaleccificati	an ar cancellat	ion of icenad ch	n was	
provisions for it	provides for an extra	dment if not conta	ined in the ame	endment itself:	ares.	
(if not applie	able, indicate N/A)					
			_			
						-
						_

The date of each amendment(s) adoption:		, if other than the
date this document was signed. 07/11/2019		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
■ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amend or approval.	iment(s)
	the shareholders through voting groups. The following ing group entitled to vote separately on the amendment(,	
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval	
by	<u> </u>	
(voting group)	
☐ The amendment(s) was/were adopted by t action was not required.	he board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder action and shareho	lder
Dated	J. Mur	
selected, by an i	resident or other officer – if directors or officers have no neorporator – if in the hands of a receiver, trustee, or oth ary by that fiduciary)	
Robbie J	Gump	
	(Typed or printed name of person signing)	
Presiden	ı	
	(Title of person signing)	