P06000147779

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Glenn Ritch	nie Agency Inc.	
DOCUMENT NUMBI	P0600014777	9	
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
(Glenn Ritchie		
_		Name of Contact Persor	i
(Glenn Ritchie Age	ency Inc.	
	· ··· ··· ··· ··· ··· ··· ··· ··· ···	Firm/ Company	
Į.	587 Ruby Ct. Sui	te 1	
-		Address	
ſ	Maitland, FL 327	51	
_		City/ State and Zip Code	;
garit	chie@mac.com		
gari		sed for future annual report	notification)
	(,
For further information	concerning this matter, pleas	se call:	
Olema Ditabia		407	670,0000
Glenn Ritchie		at (407	679-9000 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$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)
<u>Maili</u>	ng Address	Street	Address
	dment Section		ment Section
	on of Corporations Box 6327		n of Corporations
	nassee, FL 32314		Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

Glenn Ritchie Agency Inc.						
(Name of Corporation as currently	filed with the Flor	ida Dept. of State)				
P06000147779						
(Document Number	of Corporation (if k	nown)	•			
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Fla</i>	orida Profit Corporation	adopts the following	lowing ar	mendn	nent(s)
A. If amending name, enter the new name of the	corporation:					
Glenn Ritchie Insurance Agenc	y Inc.			TI	he ne	, Le)
name must be distinguishable and contain the wi "Corp.," "Inc.," or Co.," or the designation "Colword "chartered," "professional association," or the	rp," "Inc," or "Co	". A professional corpo		the abbr	reviatio	on
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL						
C. Enter new mailing address, if applicable:	90V)			ī, g	14	
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>, (1887)</u>			- 2v1	39	-17
					DCT 23	<u></u>
				 2	ι.	
D. If amending the registered agent and/or regist	tered office address	s in Florida, enter the n	ame of the		32	ب
new registered agent and/or the new registere					~	
Name of New Registered Agent			_	•	F	
			•			
	(Florida street	address)				
New Registered Office Address:		, Florid				
	(City)		(Zip Cod	le)		
New Registered Agent's Signature, if changing R			6.1			
I hereby accept the appointment as registered agent.	. I am familiar wili	i and accept the obligation	ons oj the posi	ноп.		
Signatura of	New Registered Age	ent 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 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> </u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jor	<u>nes</u>	•
_X Add	<u>sv</u>	Sally Sm	<u>ùth</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	T		Carla Ritchie	1503 Black Bear Ct
Add				Winter Springs, FL 32708
Remove				
2) Change				
Add				
Remove				
3) Change				A
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)	
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<u> </u>		
		· · · · · · · · · · · · · · · · · · ·
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an amendment provides for an exch	hange, reclassification, or cancellation of issued shar	es.
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued sharendment if not contained in the amendment itself:	es.
provisions for implementing the ame	hange, reclassification, or cancellation of issued sharendment if not contained in the amendment itself:	es.
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provisions for implementing the ame	hange, reclassification, or cancellation of issued sharendment if not contained in the amendment itself:	es.
provisions for implementing the ame	hange, reclassification, or cancellation of issued sharendment if not contained in the amendment itself:	es.

The date of each amendment(s) add	option: October 20, 2014	, il other than t
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
Fine amendment(s) was/were adopty the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved 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	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	·
Dated/0/	zu/zo14 In Whi	
	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	Gleun Ritchie (Typed or printed name of person signing)	
-	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	