## PD6000149523

| (R                                      | equestor's Name)       |        |  |
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| PICK-UP                                 | ☐ WAIT                 | MAIL   |  |
| (B                                      | usiness Entity Name)   |        |  |
| (D                                      | ocument Number)        |        |  |
| Certified Copies                        | Certificates of        | Status |  |
| Special Instructions to Filing Officer: |                        |        |  |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR          | RATION: Peninsula Underwi   | riters Insurance Agency, Inc                                     | :.   |
|-------------------------|---|--|--|
| DOCUMENT NUMI           |   |  |  |
| The enclosed Articles   | of Amendment and fee are su   | bmitted for filing.  |  |
| Please return all corre | spondence concerning this ma  | tter to the following:   |  |
|                         | Julia Knight  |  |  |
|                         |   | Name of Contact Persor   | 1  |
|                         | Peninsula Underwriters Insur  | ance Agency, Inc.  |  |
|                         |   | Firm/ Company  |  |
|                         | 301 NW 138th Terrace  |  |  |
|                         | ·   | Address  |  |
|                         | Jonesville, FL 32669  |  |  |
|                         |   | City/ State and Zip Code   |  |
| jfaulk                  | ner@cabgen.com  |  |  |
| <u> </u>                |   | sed for future annual report                                     | notification)  |
|                         |   |  |  |
| For further informatio  | n concerning this matter, pleas   | se call:   |  |
| Julia Knight            |   | at ( 352   | 224-2820   |
| Name                    | of Contact Person   | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for | r the following amount made   | payable to the Florida Depa                                      | irtment of State:  |
| S35 Filing Fee          | □\$43.75 Filing Fee & Certificate of Status                               | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame<br>Div<br>P.O       | endment Section<br>ision of Corporations<br>Box 6327<br>ahassee, FL 32314 | Amend<br>Divisio<br>Clifton                                      | Address  ment Section  n of Corporations  Building  xecutive Center Circle             |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Peninsula Underwriters Insurance Agency, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P06000149523 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Julia W. Knight Name of New Registered Agent 301 NW 138th Terrace (Florida street address) Jonesville , Florida 32669 New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Ulia KWGMT
Signature of New Registered Agent, 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>PT</u>    | John Doe           |                      |
|----------------------------|--------------|--------------------|----------------------|
| X Remove                   | V            | Mike Jones         |                      |
| X Add                      | <u>sv</u>    | Sally Smith        |                      |
| Type of Action (Check One) | <u>Title</u> | Name               | Address              |
| 1) Change                  | 5            | Mohammad S. Sherif | 301 NW 138th Terrace |
| Add                        |              |                    | Jonesville, FL 32669 |
| X Remove                   |              |                    |                      |
| 2) Change                  | S            | Julia W. Knight    | 301 NW 138th Terrace |
| X Add                      |              |                    | Jonesville, FL 32669 |
| Remove                     |              |                    |                      |
| 3) Change                  |              |                    |                      |
| Add                        |              |                    |                      |
| Remove                     |              |                    |                      |
| 4) Change                  |              |                    |                      |
| Add                        |              |                    |                      |
| Remove                     |              |                    |                      |
| 5) Change                  |              |                    |                      |
| Add                        |              |                    |                      |
| Remove                     |              |                    |                      |
|                            |              |                    |                      |
| 6) Change                  |              |                    |                      |
| Add                        |              |                    |                      |
| Remove                     |              |                    |                      |

| If amending or adding additional Arti<br>(Attach additional sheets, if necessary). | (Be specific)  |
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| If an arrandom and arrand describes for a second                                   |  |
| provisions for implementing the ame  | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)  |  |
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| The date of each amendment(s) adoption date this document was signed.             | on:  | , if other than the            |
|---|--|--------------------------------|
| date this document was signed.  |  |                                |
| Effective date <u>if applicable</u> :   | (no more than 90 days after amendment file date)   |                                |
|   | (no more than 90 days after amenament fue date)  |                                |
| Note: If the date inserted in this block document's effective date on the Departs | does not meet the applicable statutory filing requirements, this ment of State's records.  | date will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |                                |
| ☐ The amendment(s) was/were adopted<br>by the shareholders was/were sufficient    | by the shareholders. The number of votes cast for the amendme<br>ent for approval.   | nt(s)                          |
|   | ed by the shareholders through voting groups. The following state is voting group entitled to vote separately on the amendment(s):                                     | ement                          |
| "The number of votes cast for t   | he amendment(s) was/were sufficient for approval   |                                |
| by  | (voting group)   |                                |
|   | (voung group)  |                                |
| The amendment(s) was/were adopted action was not required.                        | by the board of directors without shareholder action and shareholder   | older                          |
| ☐ The amendment(s) was/were adopted action was not required.                      | by the incorporators without shareholder action and shareholder  |                                |
| 12/14/2018<br>Dated   |  |                                |
| Signature   | Medil I Mout   |                                |
| (By a direct selected, by   | or, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other eliduciary by that fiduciary) |                                |
| Mic   | hael L. McNitt   |                                |
|   | (Typed or printed name of person signing)  |                                |
| Pres  | ident  |                                |
|   | (Title of person signing)  |                                |