P07000050947

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
. (Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500289209605

08/19/16--01017--013 **35.00

SECRETAL STATES

tremoneno

AUG 3 1 2016 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: A Insurance Direct	.		_		
DOCUMENT NUM	BER:			_		
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	Donna Waldrop					
		Name of Contact Person	n			
	A Insurance Direct					
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·			
	11524 US Hwy 92 E. Suite 1	00				
		Address				
	Seffner, FL 33584					
		City/ State and Zip Cod	le			
	1:					
ainst	urancedirect@verizon.net		(0	_		
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:		SECRE	16 AUG	
Donna Waldrop	2	at (813	626-1000		ت و	y farte
Name	of Contact Person	Area Co	ode & Daytime Telephone Nu	mber []		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	- 1	AH 9: 5	1 1960 Na
\$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></u>	9	
Am Div	niling Address nendment Section vision of Corporations D. Box 6327	Amend Division	Address dment Section on of Corporations 1 Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

A Insurance Direct Inc.				
(Name o	of Corporation as currently	filed with the Florida Dept.	of State)	
P07000050947				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ad	opts the following amo	endment(s)
A. If amending name, enter the new na	me of the corporation:			
			The	new
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address, (Principal office address MUST BE A S	tion," or the abbreviation "P if applicable:		tion name must conta	in the
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of			Þv.	
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter the nam	ie of the	7
new registered agent and/or the new	v registered office address:		- 表對	
Name of New Registered Agent	Donna Waldrop		22	₩
iname of new negationed rigem	11524 US Hwy 92 E. Suite	100		
	(Florida stree	et address)		. ည က်
New Registered Office Address:	Seffner		Florida 33584	30
New negistered Office Address.		City)	(Zip Code)	

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.

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 <math>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	PT	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	<u>Addres</u> s
1) Change	P	Donna Waldrop	11524 US Hwy 92 E. Seffner, FL 33584
X Add			
Remove			
2) Change	VP	Donna Stevens	11524 US Hwy 92 E. Seffner, FL 3358 4
Add			
X Remove			
3) Change			
Add	হ		
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
<i>(</i>)			
6) Change			
Add		·	
Remove			

Attach additional sheets, if necessary). (B	
	/
	·
	
f an amendment provides for an exchang	ze, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:
(if not applicable, indicate N/A)	nent if not contained in the amenument itsen:
	/

The date of each amendment(s) ado date this document was signed.	ption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depar	ock does not meet the applicable statutory filing requirements, this date will rartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	ted by the board of directors without shareholder action and shareholder ted by the incorporators without shareholder action and shareholder	
action was not required.	,	
Signature (B) a dire selected,	ector, 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 d fiduciary by that fiduciary)	-
* _	(Typed or printed name of person signing)	16 AUG
_	(Title of person signing)	9 PM 75