PD1000058152

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Amend

NOV 1 (2018 LAUSCHITCH

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: East Coast Insurar	nce Group Inc	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	Gabriela Kiem		
•		Name of Contact Person	1
	East Coast Insurance Group		
-		Firm/ Company	
	612 N Federal Hwy		
•		Address	
	Boynton Beach, FL 33435		
•		City/ State and Zip Cod	e
gaby@	Deastcoastinsgroup.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information Gabriela Kiem	concerning this matter, pleas		244 6016
Name o	f Contact Person	at (561) 244-6016 de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
■ \$35 Fiting 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building Necutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

East Coast Insurance Group Inc (Name of Corporation as currently filed with the Florida Dept. of State) P07000058152 (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 of fice address: Gabriela Kiem Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent—I am familiar with and accept the obligations of the position

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	DP	Gabriela Kiem	612 N Federal Hwy
Add			Boynton Beach, FL 33435
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	<u>Vrticles, enter chai</u> v). (Be specific)			
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f an amendment provides for an e	xchange, reclassifi	cation, or cancella	ion of issued share	<u>S.</u>
And the state of t	<u>mendment if not c</u>)	ontained in the am	endment itself:	
provisions for implementing the a (if not applicable, indicate N/A)				
provisions for implementing the a				
provisions for implementing the a				
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provisions for implementing the a				
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The date of each amendment(s) adoption:	, if other than the
·	
Effective date <u>if applicable:</u> (no more than 90 days after amendment file date)	
tho more than 20 days tyer amenament fue date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemormust be separately provided for each voting group entitled to vote separately on the amendment(s):	ст
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11/1/2018	
Signature M. G. U.L.	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that (iduciary)	rt
Gabriela Kiem	
(Typed or printed name of person signing)	
President	
(Title of person signing)	