## P07000095102

(Re	equestor's Name)	
. (Ac	ddress)	<u> </u>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
· (Bu	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Division of Corporations					
NAME OF CORPORATION: Three Sisters Insurance Inc.  DOCUMENT NUMBER: PØ7ØØØ95100					
DOCUMENT NOMBER					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Danielle Jarrett					
Name of Contact Person					
Three Sisters Insurance Inc.					
12470 Spring Hill Dr. Address					
Spring Hill FL 34609 City/ State and Zip Code					
E-mail address: (to boused for future annual report notification)					
For further information concerning this matter, please call:					
Danielle Jarrett == (352) (084-4069					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status    \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)    \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					

Amendment Section
Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation

of

Three Sisters Insurance	ce, Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
T07000095102	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation of the opening
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	WILL THE TOTAL T
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
<del></del>	
(Florida stree	et address)
New Registered Office Address:	, Florida City) (Zip Code)
· ·	Cay Codey
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar we	ith and accept the obligations of the position.
Signature of New Re	gistered 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 Do	<u>e</u>			
X Remove	$\underline{V}$	Mike Jo	nes			
X Add	<u>SV</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s
1) Change	<u>42D</u>	_	Jen: fer	Fitzpatri	ck.	19207 Hanna Ro Lutz FL 33549
Add						Lutz, FL 33549
X Remove						
2) Change		_				
Add						
Remove						
3 ) Change		_	_			
Add						<del> </del>
Remove						<del></del>
4) Change		_				
Add					-	
Remove						<del>-</del>
5) Change	-	<del>-</del>				
Add					-	
Remove						
6) Change		_				
Add					-	
Remove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	<del></del>	
<u> </u>	<u> </u>	_
_ <u></u>		
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
		,
	<del></del>	-

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 8-1-18	
Effective date <u>if applicable</u> : 8 - 1 - 1 8  (no more than 90 days after amendment)	n file date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	equirements, this date 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 cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. To must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approv	al
by(voting group)	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	ction and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder
8-1-18	
Dated 0-1-18	
Signature h 2 O De Jon II	
(By a director, president or other officer – if directors or off	cers have not been
selected, by an incorporator - if in the hands of a receiver, t	rustee, or other court
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing	2)
	·
tresident	
(Title of person signing)	