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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Della Porta Insurance Agenc P08000010887 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation

of

Della Porta Insurance	Agency, Inc.
(Name of Corporation as currently fi	led with the Florida Dept. of State)
P0800001	0887
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) t
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 "Co word "chartered," "professional association," or the abbreviation "P.s.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u>≥55</u> ∞ .
•	A CI T
	22 P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Fluing datess SIAT BLATOST OT FICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent VLMMICA M.	Della Porta
	readows Rd E #301
Tacksonville	3776
New Registered Office Address: (Ci	, Florida Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Choni ME	& Peth

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 E	<u>Doe</u>	
X Remove	<u>v</u>	Mike J	<u>lones</u>	
<u>X</u> Add	<u>sv</u>	Sally S	Smith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	STD	<u> </u>	Barbara M. Leonard	7807 Paymeadous RdE
Add				Suite 301
Remove				Jacksonville, F23225
2) Change	D	_	Ronald C. Della Horta	1807 Paymeadows Rd.
Add				Suite 301
Remove	0 -		Maria Dali	Jackson Ville, 71 39356
3) Change	ST		Edwina L. Della Porta	
Add				Porte Vedra Beach, FC
Remove				32087
4) Change				
Add				
Remove				
') Change				
Add				
Remove				
Change				
Add				
Remove				

amending or adding additional Art attach additional sheets, if necessary).	(Be specific)
	
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provisions for implementing the ani-	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adopt	ion:	, if other than the
date this document was signed.	November 1, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this dament 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 was/were sufficient	d by the shareholders. The number of votes cast for the amendment(ient for approval.	s)
	ed by the shareholders through voting groups. The following statement by voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	× ·
	d by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
selected, b	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other coufiduciary by that fiduciary)	
	Veronica M. Della Porta	
	(Typed or printed name of person signing)	
	tresident	
	(Title of person signing)	