

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
		
	· · · · · · · · · · · · · · · · · · ·	
Special Instructions to Fi	ling Officer:	
	Office Use On	lv



100304021181

10/02/17--01011--028 **35.00

And

OCT 04 2017.

R. WHITE

17 OCT -2 AMII: 34 SEGGE / AMII: 34

COVER LETTER

Division of Corporations SANDRIPER INSURAnce Services INC. 08000040874 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SANDPIPER INSUIGNCE Services
Firm/Company Address
SAFRTY HARBOR FL 34695
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

FILED

17 OCT -2 AMII: 34

Sandpiper In	FILLINO	Jeni	SIS	Inc.
(Name of Corpor	ation as currently filed	with the Florida	Dept. of State)	e r campa
(Doc	cument Number of Corpo	oration (if known)		
Pursuant to the provisions of section 607.1006, Florts Articles of Incorporation:	rida Statutes, this <i>Florid</i>	'a Profit Corporat	tion adopts the foll	owing amendment(s)
A. If amending name, enter the new name of the	corporation:			
				mi
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co".	A professional/co	corporated" or the orporation name n	The new he abbreviation nust contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.)				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE i</u>	BOX) — — — — — — — — — — — — — — — — — — —			
D. If amending the registered agent and/or regis		Florida, enter th	e name of the	
new registered agent and/or the new register	ed office address:			
Name of New Registered Agent				
/	(l·lorida street ada	dress)		
	·	•		
New Registered Office Address:	(City)		, Florida	(Zip Code)
New Registered Agent's Signature, if changing F	, ,,			` ,
hereby accept the appointment as registered agen		nd accept the oblig	gations of the posit	ion.
	•	,		
	ignature of New Registe	wad lagant if above		
	wnature of New Registe	леи муети. И спап	K 111K	

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	ST	Karen Dolbow	3102 Sandpiper Lane SAFETY HARBOX FL 34695
Add			SAFETY HARBOX FL 34695
Remove			
2) Change	ST	Kelly Vissers	4625 INDIAN Deer ROAD Windermere FL 34786-318
Add P			O-MACHINIC TEST 1700 TIO
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary). (Be :	pecific)	
		,
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
		/
	/	·
		<u></u>
in amendment provides for an exchange,	reclassification, or cancellat	tion of issued shares
ovisions for implementing the amendmen (if not applicable, indicate N/A)	t if/not contained in the am	endment itself:
(y noi appacaole, maicale WA)	/	
		
/		

* * * * *	Ì	1	
The date of each amendment(s) adoption date this document was signed.	on: 9/27	12017	, if other than the
Effective date <u>if applicable</u> :			
	(no more than 90	days after amendment file date)
Note: If the date inserted in this block of document's effective date on the Department		ble statutory filing requiremen	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient		number of votes cast for the am	endment(s)
☐ The amendment(s) was/were approved must be separately provided for each			
"The number of votes cast for the		sufficient for approval	
by	(voting group)	, ,,	
	(voting group)		
☐ The amendment(s) was/were adopted by action was not required.	by the board of directors w	vithout shareholder action and s	hareholder
The amendment(s) was/were adopted laction was not required.	by the incorporators witho	out shareholder action and share	holder
Dated 9 27	117	<u> </u>	
Signature Paul	Dollow		
selected, by a		er – if directors or officers have hands of a receiver, trustee, or	
	Paul Doll	ြော ame of person signing)	
	Prosider	/_	
	INDSICOR		

(Title of person signing)