P08000046315

(Re	equestor's Name)	·
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	#)
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AUG 0 6 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	RATION: Russell	Oliver Inshi	rance Group Inc			
DOCUMENT NUMI	BER:	000046315				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	David	Name of Contact Person				
		Name of Contact Person	n			
	Russell Oliver	Insulance Go	up Inc.			
	Firm/ Company					
	7025 CR	164, ste 107	71-445			
		Address	- 4			
	Russell Oliver Insurance Group Inc. Firm/Company 7025 CR 464, Ste 1071-445 Address Lake Mary FL 32746 City/State and Zip Code					
		City/ State and Zip Cod	e			
		11 Curry @ yak sed for future annual report				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
David	lusing	at (321	de & Daytime Telephone Number			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
\$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)			
Mai	iling Address	Street	Address			

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

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

Articles of Amendment to

Articles of Incorporation of

ation

Russell Oliver Insuran	orida Dept. of State) The Group Inc. 14 JUL 24 PM 3: 38
(Name of Corporation as currently filed with the Flo	
P080000 46315	SELECTION SEE
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida 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 "F	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable:	1005 Bolton Place
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1005 Bolton Place Lake Mary FL
	32746
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7025 CR 46A-ste 1071-445 Lake Mary FL 32746
	Lake Mary FL
	32748
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
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 Registered A	gent, 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>ie</u>	·	
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	\	
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s
1) Change					
Add					
Remove					
2) Change	•				
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add				\	
Remove				`	\
5) Change					
Add					
Remove					
6) Change					
Add		•			4
Remove					

	ccessary). (Be specific)
	•
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
amendment provides fo	or an exchange, reclassification, or cancellation of issued shares,
<u>visions for implementing</u>	g the amendment if not contained in the amendment itself:
(if not applicable, indica	tte N/A)
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed. $7-21-14$	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7-21-14	
Dated	•
(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 court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	·
President	
(Title of person signing)	