P08000052446

(Red	questor's Name)
(Add	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
T.	APR 24 2023





04/25/23--01005--024 **43.75

07/12/2023 S.C

23 AFR 25 FH 8: 35

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Dance Ferrentino I	nsurance and Financial, Inc	:
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	Susan Ferrentino		
		Name of Contact Person	1
	Dance Ferrentino Insurance a	and Financial. Inc hereinafte	er df insurance, inc.
		Firm/ Company	
	11049 Countryway Blvd		
	=	Address	
	Tampa, FL 33626		
		City/ State and Zip Cod	C
	admin@danceferrentino.com		
	•	sed for future annual report	notification)
	·	•	
For further informatio	n concerning this matter, plea	se call:	
Susan Ferrentino		at (786 - 9273
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

Dance Ferrentino Insurance and Financial, Inc.

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P08000052446	-	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following	owing amendment(s)
A. <u>If amending name</u> , enter the new name of the corporation: df insurance, inc		m.
name must be distinguishable and contain the word "corporation," "co". "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		
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)		23 NFR 25
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ess in Florida, enter the name of the	9H 8: 3
Name of New Registered Agent	<u> </u>	
New Registered Office Address:	et 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 wi	ith and accept the obligations of the posi.	tion.

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Jo	ohn Doe		
X Remove	<u>V</u> <u>N</u>	like Jones		
X Add	<u>SV</u> <u>S</u>	ally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change			 	_
Add Remove	N/	/		_
2) Change				_
Add				
Remove 3) Change				_
Add	i			_
Remove				_
4) Change			 	
Add	- 1			
Remove	- 1			_
5) Change			 	
Add				
Remove	V	1		
6)Change			 	
Add				
Remove				

Attach <i>additio</i>	nal sheets, if necessary).— (Be spec	ific)		
	NIA			
	··————————————————————————————————————	_		
		-		
				
		-		
			- 	
<u>.</u>				
rovisions fo	ent provides for an exchange, recl r implementing the amendment if plicable, indicate N/A)	not contained in the	amendment itself:	ı
<u> </u>				
 				
				
				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	4/18/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, t Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend e sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendment(s)	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
04/18/20 Dated	Mementina	
sele	a director, president or other officer – if directors or officers have not cted, by an incorporator – if in the hands of a receiver, trustee, or othe binted fiduciary by that fiduciary)	
	Susan M Ferrentino	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	