P08000061607

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	⇒#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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DR 12/28/11

COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: JB Insurance Group, Inc.	
OCUMENT NUMBER:	
ne enclosed Articles of Amendment and fee are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
John P. Rayrat Name of Contact Person	
Name of Contact Person	
JB Insurance Group, Inc.	
Firm/ Company	
6801 lake Worth Road, Swite 122	
Address	
Lake Worth, Fluxeda 33467 City/ State and Zip Code	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
John P. Rayrat at 561 584-8621 Name of Contact Person Area Code & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number	r
nclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address Amondment Section	

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



FILED

	OII DEC 22	PM 1:19
(Name of Corporation as currently filed with the Florida Dept. of State)	ስመለከሮፕኤስህ 5	en ermanner
f08000061607	SECRETARY U ALLAHASS EE	JE BIAIL Leinbing
(Document Number of Cornection (if known)		es Coppia-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> amendment(s) to its Articles of Incorporation:	adopts the follow	wing
A. If amending name, enter the new name of the corporation:		
The new name must be distinguishable and contain the word "corporation," "company," or "incorporabbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional name must contain the word "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name onew registered agent and/or the new registered office address:	of the	
Name of New Registered Agent:		
(Florida street address)		
New Registered Office Address:, Florida,		
	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Signature of New Registered Agent, if changing	`the position.	

17 AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

<u>Title(s)</u>		Name		Address
1)		John P. Rayrat	 -	1801 Lakewarth Road, Suite 122 Cakewarth, Fl. 33467
2)		Stepnen W Dellap	inq <u>-</u> -	8409 N. Military Tray, #102 Palm Brach Favorers, Fl.
3)			- 	
4)		· ,	 	
5)			 	
6)			 -	
<u>If REMOVING</u>	G an office	r and/or director, please list the t	title(s) and	name of the officer/director to be removed:
Title(s)	<u>Name</u>		Title(s)	Name
1)	Brer	ida Waramillo	4)'	
2)			5)	

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
NA		
		1

	applicable, indicate N/A)
•	
	•
The date of eac	ch amendment(s) adoption: 12-8-11
ne date of cat	il allienument(s) adoption.
	/ / 20/2
Iffective date <u>i</u>	if applicable: \[\begin{aligned} align
	(no more than 90 days after amenament fite date)
Adoption of Ar	mendment(s) (CHECK ONE)
	nent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) cholders was/were sufficient for approval.
	nent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):
"The n	number of votes cast for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
UY	
· , <u>—</u>	(voting group)
	(voling group)
☐ The amendm	(voling group) nent(s) was/were adopted by the board of directors without shareholder action and shareholder
	(voling group) nent(s) was/were adopted by the board of directors without shareholder action and shareholder
☐ The amendm action was no	(voling group) nent(s) was/were adopted by the board of directors without shareholder action and shareholder
The amendm	(voting group) nent(s) was/were adopted by the board of directors without shareholder action and shareholder ot required. nent(s) was/were adopted by the incorporators without shareholder action and shareholder ot required.
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