P08000011523

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08/23/12--01031--012 **43.75



Amend C:US

COVER LETTER

TO: Amendment Section Division of Corporations	*
NAME OF CORPORATION: 304)	TNSURANCE Specialist The
DOCUMENT NUMBER: 708000	71.523
The enclosed Articles of Amendment and fee are subm	
Please return all correspondence concerning this matter	er to the following:
SHARON.	N. Foster
	Name of Contact Person
10 10 5	Firm/Company 4 CL 4
12/1 DUNSE	Address
Survive, FL	Address City/ State and Zip Code
•	مامی المامی الم
For further information concerning this matter, please	call:
SHARON N. FOSTER	at (954) 139-7/19 Area Code & Daytime Telephone Number Tyable to the Florida Department of State:
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	syable to the Florida Department of State:
□ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of	
BC & D FNSURANCE Specialist The	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P08000071523	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	; 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," "company," or "incorporated" or the ab "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must c word "chartered," "professional association," or the abbreviation "P.A."	breviation
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)	12 NG 23
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	H 9: 1/2
Name of New Registered Agent SHAWN NIFOSTER 1217 SUNCE Strip Sunce, FL 33313 (Florida street address)	
New Registered Office Address:, Florida	
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 the position. 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change		
AddRemove	Colleen Campbell- Drummend	3322 Schellier Rd
2) Change		
Add Remove	DENNIS DAUMMOND	3322 Schefflera Ro TRupa, FL, 33618
3) Change Add Remove	SHARON N. FOSTER	1217 Surset Strip Surveise FL, 33313
4) Change		
Add		
5) Change		
Add		
Remove		
6) Change		
Add		
Damaya		

ttach additional sheets, if necessary). (Be specific)	a men	
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	1. 10.	d'arana mandhadi	
an amendment provides for an exprovisions for implementing the ar	mendment if not cor	ntained in the ame	on or issued shares, ndment itself:
(if not applicable indicate M/A)	,		•
(if not applicable, indicate N/A)			
(у пог иррисавле, таксые між)			
(ц пог иррисите, такие кул)			
(ij noi uppiicubie, maicuie N/A)			
(ij noi uppiicubie, maicuie N/A)			
(ц пог иррисите, такие м/х)			
(іј пог иррисите, такие м/х)			
(ij noi uppiicubie, inaicuie N/A)			

The date of each amendment(s) ad	loption: 5/1/20/2
Effective date if applicable:	8/1/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)
_	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	1/2012
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	SHARON N. FOSTER (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)