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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	HORNER INSURA	ANCE, INC.			
DOCUMENT NUME	P08000071985 BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	MATHEW HORNER				
	HORNER INSURANCE, INC	Name of Contact Person	1		
	Firm/ Company PO BOX 98				
	ODESSA, FL 33556	Address			
		City/ State and Zip Code	2		
	mat@horner-insurance.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Mathew Horner		813 at (600-7637		
Name of Contact Person		Area Co) de & Daytime Telephone Number		
Enclosed is a check fo	r 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	filed with the Florida Dept, of State)
P08000071985	
(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," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
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)	PO Box 98, Odessa, FL 33556
the state of the s	2021
	<u> </u>
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	
(Florida stre	
New Registered Office Address: 13117 Payton Street, Odessa	, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent? I hereby accept the appointment as registered agent. Lam Japanuar w	ith and accept the obligations of the position.
	MATTHEN LORICK, PRET.
Signature of New Re	gistered Agent, if changing
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.

X Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	SV	Sally Sn	nith	
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		-		
Remove				

					
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n amendment provides for an exchange, re	classification	. or cancellatio	n of issued share	S.	
ovisions for implementing the amendment	if not contain	ed in the amen	dment itself:	_	
(if not applicable, indicate N/A)					
			_		
<u></u> .					
		 		····	

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The date of each amendment(s) adoption: _date this document was signed.	11-12-2021	, if other than th
Effective date if applicable:	-12-2021	
Enective date in applicable.	- 12 - 202 [(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing require of State's records.	ements, this date will not be listed as th
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	e shareholders. The number of votes east for the approval.	ne amendment(s)
	the shareholders through voting groups. The for ag group entitled to vote separately on the amen	
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by	oting group)	
	oting group)	
Dated 1 2	· W2	
Signature		
selected, by an in	esident of other officer – if directors or officers corporator – if in the hands of a receiver, trusted by that fiduciary)	
appointed redient	MATHER Horne	v _
	(Typed or printed name of person signing)	
	PVST	
	(Title of person signing)	