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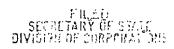
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GULF COAST Insurance and Financial Services, Inc.
DOCUMENT NUMBER: P0900026931
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shirley McMahon Name of Contact Person GULF COAST Ins a Final Svcs Inc. Firm/ Company 1521 Sunset Point Road Address Clearwater FL 33755 City/ State and Zip Code Smc Mahon 5877 & Jahon Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shirley McMahon at (727) 2166449 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing 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



(Name of Corporation as currently filed with the Florida Dept. of State) 09000026 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation 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 of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street 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 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 D	<u>oe</u>			
X Remove	<u>V</u>	Mike J	<u>ones</u>			
X Add	<u>sv</u>	Sally S	mith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address
1) Change	P	_	STEVEN	M. Brarm	-AN	2531 Royal Pines Circle
Add						UnitF
Remove					(Clearwater, FL 33763
2) X Change	2		Shirley	McMah	<u>د</u> ر م	1521 Sunger Point Roll Clearwater, FL 33755
					(Clearwater FL 33755
Remove					•	
3) Change			,		_	
Add						
Remove						
4) Change		_			-	
Add						
Remove						
5) Change		_			_	
Add						
Remove						
6) Change		 -				
Remove						

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	amending or adding additional Artitach additional sheets, if necessary).	(Be specific)	/ /	1 A
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				NIN
				
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The date of each amendment(s) adoption:	PIVISITE OF CORPORATIONS
date this document was signed: .	PIVISTER OF CORPCTORS
Effective date <u>if applicable</u> : (no more than 90 days after an	nendment file date) 15 AUG - 3 PH 1: 19
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	tes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"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 sharehaction was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	er action and shareholder
Dated 1. 29. 2015	
Signature (By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	rs or officers have not been ceiver, trustee, or other court
Typed or printed name of person	emahon
(Typed or printed name of person	n signing)
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