P09000053487

	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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C. CARROTHERS.

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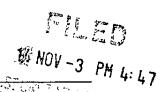
TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Insurance Source of Maples, Inc. DOCUMENT NUMBER: PO9000053487
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Name of Contact Person NSUVERCE Source of Negles, Inc. Firm/Company 2355 Vanderbilt Rd # 152 Address Nades, FL 34109 City/State and Zip Code Tiffany @ ISOn J. On E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (239) 325 - 3030 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation of



(Name of Corporation	as currently filed with the	Florida Dept. of State)

(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2355 Vanderbilt Beach Rd #152
C. Enter new mailing address, if applicable:	Naples, FL 34109
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2355 Vanderbilt Beach Rd # 152
	Naples, FC 34109
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
2355 Von	derbilt Beard Rd #152
New Registered Office Address: Waples (City	Florida 34109 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
A I IZ	

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 <math>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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones	(
X Add	<u>sv</u>	Sally Smith	NA	
Type of Action (Check One)	Title	<u>Name</u>	15 \	<u>Addres</u> s
1) Change				
· Add				
Remove				
2) Change				
Add			_	
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change		_		
Add				<u>.</u>
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Articles, en	<u>iter change(s) here</u> :	: \ \kappa	
(Attach additional sheets, if necessary). (Be sp	pecific)	11/1	
		b ,	

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- ··· -			
If an amandment provides for an avalence :	veelessification on	annualistian of issued shares	
If an amendment provides for an exchange, provisions for implementing the amendmen	t if not contained in	n the amendment itself:	Ι,
(if not applicable, indicate N/A)	t ii not contained ii		V) /
			10
	<u> </u>		
			

The date of each amendment(s) adoption: 0 30 2014 date this document was signed.	, if other than the
Effective date if applicable: 10/30/2014	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	,
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10 30 2014	
Signature Office Lev	_
(By a bijector, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Tirent Lehnon (Typed or printed name of person signing)	_
Pro stort	_
(Title of person signing)	