P090000 17763

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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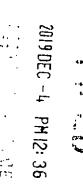
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: DANECO INSUR | ANCE INC | |
|--|---|--|---|
| DOCUMENT NUME | BER: P09000077763 | | |
| | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | Donald C. Graves | | |
| | | Name of Contact Persor | 1 |
| | DaneCo Insurance Inc. | | |
| | | Firm/ Company | |
| | 1046 NE Jensen Beach Blvd. | | |
| | | Address | |
| | Jensen Beach, FL 34957 | | |
| | ***** | City/ State and Zip Code | <u> </u> |
| | | • | |
| dgrav ——— | es@marshallsterling.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | n concerning this matter, plea | se call: | |
| | | | |
| Donald C. Graves | | at (800 |) 836-3046 de & Daytime Telephone Number |
| Name c | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check fo | the following amount made | payable to the Florida Depa | artiment of State; |
| S35 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 | | Amend Divisio The Co | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| DANECO | INSURANCE INC | |
|--------|---------------|--|

| (Name o | of Corporation as currently | filed with the Florida Dept. of State) | | |
|--|--------------------------------|--|---------------------------------------|---------|
| P09000077763 | | | | |
| ···· | (Document Number of | Corporation (if known) | | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this F | Clorida Profit Corporation adopts the fo | Howing amendment | t(s) to |
| A. If amending name, enter the new na | ame of the corporation: | | | |
| | | | The new | |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association," | Corp," "Inc," or "Co". A | ompany," or "incorporated" or the abbr professional corporation name must | eviation "Corp.," contain the word | |
| B. Enter new principal office address. | | | | |
| (Principal office address MUST BE A S | IKEET ADDRESS) | | 2019 | |
| | | | 30 (| |
| C. Enter new mailing address, if appl | ionbla | • | <u> </u> | , |
| (Mailing address MAY BE A POST | | | · + | • |
| | | | 21 HQ | - EFE |
| | | | ;-;., ω | |
| D. 16 11 al. Carlo Lucius an | . 4/ :- 4 - 66 | and in Planta and the same of the | | |
| D. If amending the registered agent ar new registered agent and/or the new | | iss in Florida, enter the name of the | | |
| Name of New Registered Agent | Donald C. Graves | | | |
| | 1046 NE Jensen Beach Blvd | 1. | | |
| | (Florida stree | et address) | | |
| New Registered Office Address: | Jensen Beach | Florida | 1957 | |
| | (6 | City) | (Zip Code) | |
| | | | | |
| New Registered Agent's Signature, if c | hanging Registered Agent: | 1 10 F.J | ** | |
| I hereby accept the appointment as regist | ered agent, - i am familiar wi | th and accept the obligations of the pos | utton. | |
| | Mar | | | |
| | | | | |
| | aignature of New Reg | gistered 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 | <u>PT</u> | John Doe | | | | |
|-------------------------------|-----------|-------------------|----------------------------|--|--|--|
| X Remove | <u>V</u> | Mike Jones | | | | |
| <u>X</u> Add | <u>SV</u> | Sally Smith | | | | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s | | | |
| 1) X Change | VP | Moss, Cathy A. | 1046 NE Jensen Beach Blvd. | | | |
| Add | | | Jensen Beach, FL 34957 | | | |
| Remove | P | Graves, Don | 1046 NE Jensen Beach Blvd. | | | |
| 2) Change Add | · | - Clares, Boss | Jensen Beach, FL 34957 | | | |
| Remove 3) Change | VP | Richards, Kyah A | 1046 NE Jensen Beach Blvd. | | | |
| Add | | | Jensen Beach, FL 34957 | | | |
| X Remove 4) Change | т | Landolfi, Jodi J | 1046 NE Jensen Beach Blvd. | | | |
| Add | | | Jensen Beach, FL 34957 | | | |
| X Remove | Т | Smith, Frank J | 1046 NE Jensen Beach Blvd. | | | |
| X Add | | | Jensen Beach, FL 34957 | | | |
| Remove 6) Change | S | Sullivan, Roberta | 1046 NE Jensen Beach Blvd. | | | |
| XAdd | | | Jensen Beach, FL 34957 | | | |
| Remove | | | | | | |
| | | Page 2 of 4 | | | | |

| ŀ | II amend | ling or | adding | additiona | l Articles, | enter c | hange(s) | here |
|---|----------|---------|--------|-----------|-------------|---------|----------|------|
| | | | | | | | | |

(Attach additional sheets, if necessary). (Be specific)

| | | · · · · · · · · · · · · · · · · · · · |
|--|---|---------------------------------------|
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| | | |
| | | |
| If an amendment provides for an oppositions for implementing the continuous of the provided in the second s | exchange, reclassification, or cancellation amendment if not contained in the amend) | of issued shares, Iment itself: |
| provisions for implementing the: | amendment if not contained in the amend | of issued shares, Iment itself: |
| provisions for implementing the: | amendment if not contained in the amend | of issued shares, Iment itself: |
| provisions for implementing the: | amendment if not contained in the amend | of issued shares, Iment itself: |
| provisions for implementing the: | amendment if not contained in the amend | of issued shares, Iment itself: |
| provisions for implementing the: | amendment if not contained in the amend | of issued shares, Iment itself: |

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as the document's effective date on the Department of State's records.

| Adoption of Amendment(s) | (CHECK ONE) |
|---|--|
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient | by the shareholders. The number of votes east for the amendment(s) at for approval. |
| | by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the | e amendment(s) was/were sufficient for approval |
| by | ··· |
| | (voting group) |
| ☐ The amendment(s) was/were adopted by action was not required. | by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were adopted by action was not required. | by the incorporators without shareholder action and shareholder |
| Dated December 2, 201 | 9 |
| Signature | president or other officer – if directors or officers have not been |
| | in incorporator – if in the hands of a receiver, trustee, or other court |
| appointed fid | uciary by that fiduciary) |
| Dona | ld C. Graves |
| | (Typed or printed name of person signing) |
| Presid | dent |
| (Title | of person signing) |