209000098675

(Re	equestor's Name)	
(Ad	idress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
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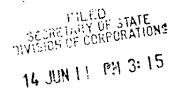
COVER LETTER

TO: Amendment Section Division of Corporations

istribion of Corp	Jordions				
NAME OF CORPO	_{RATION:} Humphrey	Insurance Inc			
DOCUMENT NUM	_{BER:} P0900009867	<u>'</u> 5			
	s of Amendment and fee are su				
Please return all corre	espondence concerning this ma	tter to the following:			
Kevin D Humphrey					
		Name of Contact Person	n		
	Humphrey Insurance Inc				
		Firm/ Company			
	4369 Lynx Paw Trail				
		Address			
	Valrcio, FL 3359	6			
		City/ State and Zip Cod	e		
ko	vin humahrav@ha	racamann cam			
Ke	vin.humphrey@ho	sed for future annual report			
	E-mail address; (to be u	sed for future annual report	noutication)		
For further information	on concerning this matter, pleas	se call:			
Kevin D Humphrey		_{at (} 813	765-6894		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	or 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		Street Address			
	endment Section	Amendment Section			
	ision of Corporations	Division of Corporations			
	D. Box 6327		Clifton Building		
Tal	lahassee, FL 32314	2661 E	Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Humphrey Insurance Inc

(Name of Corporation as	currently filed with the	Florida Dept. of State)		
P09000098675				
(Documer	it Number of Corporation	(if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation add	pts the following	amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporat.		
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:	N/A		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		N/A		
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			of the	
	(Florida s	street address)		
New Registered Office Address:	N/A	Florida		
	(Cit _.	v)	(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as registe		with and accept the obligations	of the position.	

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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Keith R Humphrey	632 3rd Street North
Add			St Petersberg, FL 33701
Remove			
2) Change	VP	Lloyd A Humphrey Sr	707 W Russell Drive
Add			Plant City, FL 33563
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
о П _а			
6) Change			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
/A	
	·
If an amendment provides for an exchaprovisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

•		FILED SECRETARY OF	STAFE	
The date of each amendmen	t(s) adoption: June 9 2014	DIAISIBL OF COM		, if other than the
date this document was signed		14 JUN 1 1 P	13:15	
Effective date if applicable:	N/A			-
	(no more than 90 days	after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)			
	re adopted by the shareholders. The numb ere sufficient for approval.	er of votes cast for the amendr	nent(s)	
	re approved by the shareholders through voed for each voting group entitled to vote se			
"The number of vote	s cast for the amendment(s) was/were suffi-	cient for approval		
by		,,,		
	(voting group)			
The amendment(s) was/we action was not required.	re adopted by the board of directors withou	at shareholder action and share	:hol de r	
The amendment(s) was/we action was not required.	re adopted by the incorporators without sha	areholder action and sharehold	er	
_{Dated} Jun	e 9 2014			
Signature	And			_
S	By a director, president or other officer – if elected, by an incorporator – if in the hand ppointed fiduciary by that fiduciary)			
	Kevin D Humphrey			
	(Typed or printed	name of person signing)		-
	President			
	(Title of p	erson signing)		-