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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: STUAL	RT EVAND IN	SURANCE /NC.		
DOCUMENT NUMBE	er: <u> </u>	098780	·		
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corresp	ondence concerning this mat	tter to the following:			
_	STUART	Name of Contact Person	I UZANCE		
Name of Contact Person STUANT EVAND INDUCANCE Firm/ Company 7 ST TRUCCENT TREE DR Address BOCA RATON FL 33433 City/ State and Zip Code					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (954) 6/4-6987 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department 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)		
<u>Maili</u>	ng Address	Street a	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

Articles of Incorporation of

STUBRIEVAN	SINJURANCE INC
	rrently filed with the Florida Dept. of State)
P090000	
	nber of Corporation (if known)
·	• , , ,
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	The new
name must be distinguishable and contain the word "corp." "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ution "P.4."
B. Enter new principal office address, if applicable:	7881 TRAVELERS TREEDR.
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATUN, FL 33433
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7881 TRAVELERS TREE OR
	GOCA RATON FL 33433
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.	
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida 💮 🙃
	(City) (Zip-Goide)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fam	niliar 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	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change	_			
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
0 0				
6) Change				
Add				
Remove				

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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or adment if not contained	cancellation of issue in the amendment its	<u>d shares,</u> elf:	
		<u>.</u> .		
-				
		· ·		

The date of each amendment(s) adop	otion:	1/3//	1.5	, if other than the
late this document was signed.			/	
ore at the second		7.//	118	
Effective date <u>if applicable</u> :	(no more	than 90 days after ame	ndment file date)	
Note: If the date inserted in this blocklocument's effective date on the Depa			ling requirements, this da	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders was/were suffi		s. The number of votes	s cast for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea				ent
"The number of votes cast for	r the amendment(s) w	ras/were sufficient for a	pproval	
by			.,,	
,	(voting group)			
☐ The amendment(s) was/were adopt action was not required.	ed by the board of dir	rectors without sharehol	der action and sharehold	er
The amendment(s) was/were adopt action was not required.	ed by the incorporato	rs without shareholder	action and shareholder	
Dated		15		
Signature		tuant or		
selected.		if in the hands of a rece	or officers have not been iver, trustee, or other cou	
		TUBAT /	26. BEN	
	(Typed or p	_		
		PRES		

(Title of person signing)