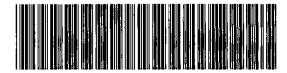
P160063184

(Requestor's Nam	ne)	
(Address)		
(Address)		
(City/State/Zip/Ph	one #)	
PICK-UP WAIT	MAIL	
(Business Entity I	Name)	
(Document Numb	per)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: A Plus Insura	nce Agency	
DOCUMENT NUM	BER: P10000063184		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
		ce F Dunne	
	(Name of	f Contact Person)	
	A Plus insu	rance Agency Inc.	
	(Firm	n/ Company)	
	4016 Cortez	: Rd West Ste 1205	
		Address)	
	Bradento	n, FI 34210-3118	
	 	ate and Zip Code)	
		elf@mail.com ed for future annual report notific	eation)
For further information	on concerning this matter, pleas	se call:	
Lance F Dunne		at (941) 752-802	20
(Name	of Contact Person)		me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmer	nt 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 Amendment Section		Street Address Amendment Section	,
Amendment Section Division of Corporations		Division of Corporati	ons
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Cente	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

10 SEP 27 PM 1:38

A Plus Insurance Agency

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

P10000063184

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

e new name must be distinguishable a breviation "Corp." or " Inc." <mark>"Compan</mark>		
Enter new principal office address, if rincipal office address MUST BE A ST		
Enter new mailing address, if applic (Mailing address MAY BE A POST O		
	44.	
If amending the registered agent and new registered agent and/or the new		lorida, enter the name of t
Name of New Registered Agent:	registered office address:	

Page 1 of 3

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)

Title <u>Name</u> <u>Address</u> Type of Action ST Mary Jane Dunne 5336 NW 57th Way ☐ Add ☑ Remove Coral Springs, Fl 33067 Vince M Puleo ST 8836 Brookfield Ter. Bradenton, Fl 34212 Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 8/25/2010				
•	(date of adoption is required)			
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.			
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.			
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, o			
other co	ourt appointed fiduciary by that fiduciary)			
	Lance F Dunne			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			