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(Re	questor's Name)	<del></del>
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MAR 3 1 2015

C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Florida Pre	ferred Auto Insu	rance, Inc.	
DOCUMENT NUME	BER:		· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Bryan Ploof			
		Name of Contact Person	1	
	Florida Preferred	Auto Insurance,	Inc.	
	······································	Firm/ Company		
5700 4th Street North, Suite C				
•		Address		
	St Petersburg FL	, 33703		
•		City/ State and Zip Code	e	
hn.	anflautoins@tamr	nahay rr com		
Diye	anflautoins@tamp	sed for future annual report	notification)	
	L-man address. (to be di	sed for fature atmual report	nonneation)	
For further information	n concerning this matter, pleas	se call:		
-				
Bryan Ploof		<sub>at (</sub> 727	_, 209-1771	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r 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)	
Mai	ling Address	Street	<u>Address</u>	
Amendment Section		Amendment Section		
Division of Corporations			on of Corporations	
P.O. Box 6327			Building	
Talla	ahassee, FL 32314	2661 F	xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Florida Preferred Auto Insurance	ce, Inc.		_	
(Name of Corporation as currently	filed with the Florida Dept. of	State)	r	
(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florida Profit C</i>	orporation adopts the followin	g amendm 建空	ent(s) to
A. If amending name, enter the new name of the	corporation:			I.
Florida Preferred P&C, Inc.			7	R 2.]
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	rp," "Inc," or "Co". A profess	or "incorporated" or the a ional corporation name must	bbrevtation contain, the	n _ [
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	ole:	<del></del>	- 225	ΩS
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)  D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida,	enter the name of the	- - -	
Name of New Registered Agent		<del></del>		
	(Florida street address)			
New Registered Office Address:		, Florida	_	
New Registered Agent's Signature, if changing R		(Zip Code)		
I hereby accept the appointment as registered agent.	. I am familiar with and accept t	the obligations of the position.		
Signature of	New Registered Agent, if changing	<u></u>		

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.

X Change	PT John I	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	<del> </del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	<del></del>
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	· ··· · · · · · · · · · · · · · · · ·

The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ador by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s)	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
Dated 03/25/20	15	
Signature 1	ail Vaysano	
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Gail Vazzano	
-	(Typed or printed name of person signing)	<del></del>
	Principal	
-	(Title of person signing)	