P100000 99362

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | ** |
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Office Use Only



05/05/14--01047--012 **52.50

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | Connect In | surance Group I | nc |
|---------------------------------------|---------------------------------------|--|--|
| DOCUMENT NUMBER: P1 | | | |
| The enclosed Articles of Amend | ment and fee are su | bmitted for filing. | |
| Please return all correspondence | concerning this ma | tter to the following: | |
| Debo | rah Johnsor | າ | |
| | <u> </u> | Name of Contact Person | 1 |
| Conn | ect Insuranc | ce Group Inc | |
| | | Firm/ Company | |
| 197 S | Federal Hy | vy STE 200 | |
| | | Address | |
| Boca | Raton, Flori | ida. 33432 | |
| · · · · · · · · · · · · · · · · · · · | | City/ State and Zip Cod | e |
| : | | • | |
| | @gmail.com | | |
| E-ma | iii address: (to be us | sed for future annual report | notification) |
| For further information concerni | ng this matter, pleas | se call: | |
| Deborah Johnson | | 561 | 910-1742 |
| Name of Contact | Person | at (Area Co | de & Daytime Telephone Number |
| | | | |
| Enclosed is a check for the follo | wing amount made | payable to the Florida Depa | artment of State: |
| | 3.75 Filing Fee & rtificate of Status | S43.75 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 | |
| Amendment S | | | Iment Section |
| Division of Co | = | | on of Corporations |
| P.O. Box 632° Tallahassee, F | | | n Building Executive Center Circle |

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 15, 2014

DEBORAH JOHNSON 197 S FEDERAL HWY STE 200 BOCA RATON, FL 33432

SUBJECT: CONNECT INSURANCE GROUP, INC

Ref. Number: P10000099362

We have received your document for CONNECT INSURANCE GROUP, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please only check one box for the Adoption of Amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 014A00010538

Articles of Amendment to Articles of Incorporation of

| Number of Corporation (if 06, Florida Statutes, this and the corporation: | | oration adopts the follow |
|---|---|---|
| 06, Florida Statutes, this A | | oration adopts the follow |
| · | Florida Profit Corp | oration adopts the follow |
| e of the corporation: | | er er |
| A. If amending name, enter the new name of the corporation: | | |
| ion "Corp," "Inc," or "(on," or the abbreviation " | Co". A profession | |
| | | |
| | | ······ |
| | 197 S. Fed | leral Hwy Ste 20 |
| | Boca Rate | on, FL. 33432 |
| | | |
| | | er the name of the |
| | <u>•</u> | |
| | Hwy STF 20 | <u> </u> |
| | ' | |
| (Florida str | eei aaaress) | |
| (Florida str Boca Raton | eei aaaress) | _, Florida 33432 |
| | ion "Corp," "Inc," or "on," or the abbreviation " applicable: REET ADDRESS) able: FFICE BOX) for registered office address Tony Reitz | Able: 197 S. Fed Boca Rate FFICE BOX Or registered office address in Florida, enteregistered office address: |

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 | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | Pres | Jeremy Pool | 125 S. State Road 7 |
| Add | | | STE 104-178 |
| Remove | | | Wellington, FL. 33414 |
| 2) Change | Pres | Deborah Johnson | 2046 Woodshire Place |
| Add | | | Kentwood, MI. 49508 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| o Character | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach additional sheets, if necessary). | (Be specific) |
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| If an amendment provides for an excl | hange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A) | endment if not contained in the amendment itself: |
| | As Dahasah Jahasaa |
| | to Deboran Johnson |
| ii snares are Herby transfered | |
| ii snares are Herby transfered | |
| ii snares are Herby transfered | |
| iii shares are Herby transfered | |
| iii snares are Herby transfered | |
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| ii snares are merby transfered | |
| ii snares are merby transfered | |

| The date of each amendment(s | Adoption: | II OULET U |
|--|---|--------------|
| late this document was signed. | | |
| Effective date <u>if applicable</u> : | ypril 15, 2014 | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | |
| | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes ca | ast for the amendment(s) was/were sufficient for approval | |
| by | , | |
| | (voting group) | |
| action was not required. | adopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and shareholder | |
| Dated April 1 Signature | 5,204 | - - |
| selec | a director, president or other officer — if directors or officers have not been cted, by an incorporator — if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary) | |
| | Jeremy Pool | |
| | (Typed or printed name of person signing) | - |
| | President | _ |
| | (Title of person signing) | |