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TO: Amendment Section Division of Corporations Connect Insurance Group Inc NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christina Hernandez Name of Contact Person **USREDA** Firm/ Company 9200 Belvedere Road Ste. 202 Address Royal Palm Beach, FL 33411 City/ State and Zip Code . . . christina.hernandez@usreda.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christina Hernandez Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** 

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Connect Insurance Group, Inc.

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

P10000099362

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the foits Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9150 Belvedere Road
	Royal Palm Beh, Fl 33411
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  * Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	(City) , Florida (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar 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 Doc	
X Remove	<u>V</u>	Mike Jones	• .
X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove	•		
2) Change		<u> </u>	· .
Add			<u> </u>
Remove		· ·	
3) Change		· -	
Add			
Remove	•		
4) Change		· 	·
Add			<u> </u>
Remove		•	·
5) Change			
Add		·	
Remove			· ·
•			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter (Attach additional sheets, if necessary). (Be specified)	cific)		
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F. If an amendment provides for an exchange, rec	elessification, or concelle	tion of issued charge	
provisions for implementing the amendment i	f not contained in the am	endment itself:	
(if not applicable, indicate N/A)	,		·
•			*
••			
•			
			•

The date of each amendment(s) adoption:	, if other than the
• '	
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	•
by	·
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. •	
Dated	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Deborah Johnson	
(Typed or printed name of person signing)	· .
President	
(Title of person signing)	