# P1100035009

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### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	KP INSURANCE SERVICES, INC.
DOCUMENT NUMBER:	P11000035009
The enclosed Articles of Amendmen	at and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
	KATRINA A. PHILLIPS
	Name of Contact Person
	KP INSURANCE SERVICES, INC.
	Firm/ Company
88	15 CONROY-WINDERMERE RD #306
	Address
	ORLANDO, FL 32835
	City/ State and Zip Code
KPI	nsuranceServicesInc@gmail.com
E-mail addres	ss: (to be used for future annual report notification)
For further information concerning t	his matter, please call:
KATRINA A PHILLIF	PS at (407)694-1414
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following	g amount made payable to the Florida Department of State:
7 \$35 Filing Fee ☐ \$43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### **Articles of Amendment** to

## TALLAHASSEE, FLORIE **Articles of Incorporation** KP INSURANCE SERVICES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P11000035009 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "Ĉorp," "Inc,	" or "Co". A professional corpora
3. Enter new principal office address, if app Principal office address MUST BE A STREE		
	<del></del>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
	<del></del>	
. If amending the registered agent and/or new registered agent and/or the new regi		Florida, enter the name of the
		Florida, enter the name of the
new registered agent and/or the new regi	stered office address:	
new registered agent and/or the new regi		
new registered agent and/or the new regi	stered office address:  (Florida street ad	ddress), Florida
Name of New Registered Agent:	(City)	ddress)

# 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Secretary	Katrina A. Phillips	8815 Conroy-Windermere Rd. #306 Orlando. FL 32835	☑ Add ☐ Remove
			☐ Add ☐ Remove
<del></del>	<del></del>		☐ Add ☐ Remove
provisions	idment provides for an exchange, recla for implementing the amendment if n		
(if not a	applicable, indicate N/A)		

The date of each amendment(s)	adoption: 07/11/2011
	(date of adoption is required)
. (	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 statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	poting group)
(V	oting group)
The amendment(s) was/were 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	27/11/2011
Signature	Hatriali. Phillips
	director, president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Katrina A. Phillips
•	(Typed or printed name of person signing)
	President
-	(Title of person signing)