P11000041315

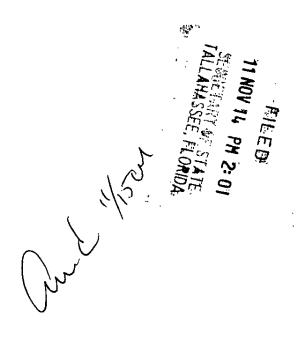
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: PAL	M BEACH INSURANCE SERVICES, INC			
DOCUMENT NU	JMBER:	P11000041315			
The enclosed Artic	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all co	orrespondence concernin	g this matter to the following:			
		GAIL STRUM			
		Name of Contact Person			
	PALM BEA	CH INSURANCE SERVICES, INC			
	Firm/ Company				
		11152 KAUI CT			
		Address			
	DO:	VALTONI DE ACLUEU 22427			
	BO	YNTON BEACH, FL. 33437 City/ State and Zip Code			
	•	Chy, blace and 24p code			
	SANDRA	SAM@BELLSOUTH.NET e used for future annual report notification)			
	E-mail address: (to b	e used for future annual report nonneation)			
For further inform	ation concerning this ma	tter, please call:			
	GAIL STRUM	at (954) 895-7773			
Name	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a chec	k for the following amou	nt made payable to the Florida Department of State:			
✓ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing A	ddress	Street Address			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PALM BEACH INSURANCE SERVICES, INC

(Name of Corporation as currently filed with	
P11000041315	5
(Document Number of Corpora	ntion (if known)
Pursuant to the provisions of section 607.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
	The new
name must be distinguishable and contain the word "cor abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional assoc	Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	12369 HAGEN RANCH ROAD
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	UNIT 501
	BOYNTON BEACH, FL. 33437
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED ASSEE FLO
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	
Name of New Registered Agent:	
New Registered Office Address: (Flor	rida street address)
	, Florida
(City,	(Zip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.
Signature of Nev	v 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	Sandra, Sam	738 NW 123 Drive Coral Springs, Fl. 33071	□ Add □ ☑ Remove
P	Sam, Sandra	738 NW 123 Drive Coral Springs, Fl. 33071	☑ Add □ Remove
VP	Strum, Larry	11152 KAUI CT Boynton Beach, Fl. 33437	
	iding or adding additional Articles, of additional sheets, if necessary). (Be a		
provis	mendment provides for an exchange ions for implementing the amendme not applicable, indicate N/A)		
	<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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Strum, Gail	11152 KAUI CT Boynton Beach, Fl. 33437	_ ☐ Add _ ☑ Remove
Sec	Strum, Gail	11152 KAUI CT Boynton Beach, Fl. 33437	
	· · · · · · · · · · · · · · · · · · ·		☑ Add □ Remove
	ding or adding additional Article dditional sheets, if necessary). (
provisi		nge, reclassification, or cancellation of i ment if not contained in the amendmen	

The date of each amendmen	t(s) adoption: 1	0/01/2011
Effective date if applicable:	10/01/2011	(date of adoption is required)
	(no more than	90 days after amendment file date)
Adoption of Amendment(s)	(<u>C</u> I	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amer	ndment(s) was/were sufficient for approval
by		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the	e board of directors without shareholder action and shareholder
✓ The amendment(s) was/we action was not required.	re adopted by the	e incorporators without shareholder action and shareholder
Dated9	126 /20	Mary .
Signature (By	a director, presi	dent or other officer – if directors or officers have not been
sele	ected, by an incor	porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		Sandra Sam
	(Ту	ped or printed name of person signing)
		President
	(Title c	of person signing)