Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002966263)))



H160002966263ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : NATALIE M. BURNS PL

Account Number : I20140000036 Phone : (305)733-8223 Fax Number : (561)450-5105

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN CREATIVE INSURANCE AGENCY, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

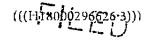
Electronic Filing Menu

Corporate Filing Menu

Help

NOV 2 6 2018 T. LEMIEUX

Articles of Amendment to



Articles of Incorporation of

2010 NOV 21 P 4: 11

CREATIVE INSURANCE AGENCY, CORP.

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

P11000051363

(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 the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Fater was a War of the Control of th	440) 55 51 / 5
(Mailing address MAY BE A POST OFFICE BOX)	410 LEE BLVD
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office add	LEHIGH ACRES, FL 33936
If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	LEHIGH ACRES, FL 33936
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	LEHIGH ACRES, FL 33936 Press in Florida, enter the name of the 5: Z
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 410 LEE BLV (Florida st.)	LEHIGH ACRES, FL 33936 Press in Florida, enter the name of the size. Z D Preen address)
If amending the registered agent and/or registered office address Name of New Registered Agent ALICIA LOPE 410 LEE BLV	LEHIGH ACRES, FL 33936 Press in Florida, enter the name of the second control of the se

((((11180002966263)))

		•	•		
address of each Officer : Attach additional sheets.	and/or D <i>if necess</i>	irector bi	eing added:	r/director being removed and title, name	, and
Please note the officer/dit P = President; V= Vice : Executive Officer; CFO :	rector tit! President = Chief l	e by the fi : T= Trec Vinancial	Officer. If an officer/director holds more	Trustee: C = Chairman or Clerk: CLO +: than one title, list the first letter of each	Chief office
held, President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	in the fo wes the c	Howing m orporation	anner. Currently John Doe is listed as th n. Solly Smith is named the V and S. These	e PST and Mike Jones is listed as the V . The should be noted as John Doc. PT as a Ch	ere is: unge,
Example: X Change	<u>PT</u>	John Do			
X Remove	. <u> </u>	Mike Jo			•
X Add	<u>sv</u>	Sally Su	<u>nith</u>		
Type of Action	<u> Litle</u>		<u>Name</u>	<u>Addres</u> s	•
(Check One)	۰Р		DAHIL DUENAS	9770 COLONIAL DRIVE	•
1) Change Add		- .		MIAMI, FL 33165	
X Remove					
	VP		LAZARO DUENAS	9770 COLONIAL DRIVE	
2) Change	VI		EAZARO BOLIVAO	MIAMI, FL 33165	
X Remove				111111111111111111111111111111111111111	
	P		ALICIA LOPEZ	15800 PINES BLVD	
3) Change Add				SUITE 329	•
Remove				PEMBROKE PINES, FL 33027	. •
Kemace		٠			
4)Change		<u> </u>			
Add		•		·	
Remove					٠.
5)Change		_			•
Add				•	
Remove					
5) Change		٠.	,		•
\dd		-			
Remove		•			
				•	

			•		•
			(((H180002	96626 3)))	
		•			
e an					•
E. If amending or adding additional Articles, e (Attach wiklitional sheets, if necessary). (Be.	specific)	••			
	•				
		 -			• •
		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
				· ·	
	· · · · · · · · · · · · · · · · · · ·				
	·			· ———	
	·	_ .		· ·	•.
· · · · · · · · · · · · · · · · · · ·			 		
		·			
					
		· · · · · · · · · · · · · · · · · · ·			
					
					•
F. If an amendment provides for an exchange, provisions for implementing the amendme	reclassification, or ca	ncellation of iss	ned shares,		
(if not applicable, indicate NA)	in a not companed in t	ne miemmene	usen		· .
	. 			<u></u>	
				· ·	
	 				
					•
			•		
	`				• .

	(((H1800029	6626 3)))
The dute of each amendment(s) adoption:		_, if other than the
date this document was signed.		
Effective date if applicable;	****	<u>.</u>
(no more than 90 days after amendmen	ा गुगर ववाया	•
Adoption of Amendment(s) (<u>CHECK ONE</u>)		
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast fi by the shareholders was/were sufficient for approval.	or the amendment(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the control of the c	e following statement amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approva	ı) 	
by		
☐ The amendment(s) was/were adopted by the board of directors without shareholder ac action was not required.	tion and shareholder	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder	
Dated October 12, 2018	· · · · · · · · · · · · · · · · · · ·	
Signature (By a director, president or other of the if directors or office selected, by an incorpulator if in the bands of a receiver, to appointed fiduciary by that tiduciary)		
DAHÍL DUENAS	· · · · · · · · · · · · · · · · · · ·	_
(Typed or printed name of person s	signing)	
President	• .	
(Title of person signing)		