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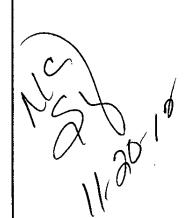
(Re	equestor's Name)		
(Ac	ldress)		
(Address)			
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Ві	ısiness Entity Nar	me)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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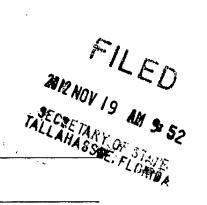
### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EAGLEMAX	(INSURANCE A	GENCY 1948 INC	
DOCUMENT NUMB	<sub>ER:</sub> P1100006334	5		
	f Amendment and fee are su			
Please return all corresp	oondence concerning this mat	ter to the following:		
	DOUGLAS M. MO	CKENZIE		
_	•	Name of Contact Person	3	
!	EAGLEMAX INSI		•	
-		Firm/ Company		
;	3900 W. COMME	RCIAL BLVD; S	SUITE 235	
		Address		
•	TAMARAC, FL33	309		
_		City/ State and Zip Code	<del></del>	
DOI	JGMCKENZIE@	EAGLEMAXINS	SURANCE.COM	
<del></del>		ed for future annual report		
For further information	concerning this matter, pleas	e call:		
DOUG MCKE	NZIE	<sub>at (</sub> 954	533-2757 de & Daytime Telephone Number	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
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 Articles of Incorporation**



### **EAGLEMAX INSURANCE AGENCY 1948 INC**

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

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ent(s) to

(Document Number of Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amen		
A. If amending name, enter the new name of the corporation:	VIOTO INIO		
EAGLEMAX INSURANCE & TAX SERV			
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain		
3. Enter new principal office address, if applicable:	3900 W. COMMERCIAL BLVD; SUITE 235		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	TAMARAC, FL33309		
	·:		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3900 W. COMMERCIAL BLVD; SUITE 235		
	TAMARAC, FL33309		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.			
Name of New Registered Agent			
(Florida .	street address)		
New Registered Office Address: (Cit	y) (Zip Code)		
(Cir	y) (zip code)		
New Registered Agent's Signature, if changing Registered Age			
hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.		
Signature of New Registered	d 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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	***************************************	_		
Add				
Remove		••		
2) Change			<del></del>	
Add				
Remove		<i>:</i>		
3) Change				
Add				
Remove				
4) Change		<del></del>	<u>.</u>	
Add				mg patrice.
Remove				
5) Change				
Add				
Remove				-
6) Change				
Add				
Remove				

	additional sheets, if necessary). (Be specific)	
		<u>.</u>
	·	
lf a pr	mendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself:  *Toot applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·	

The date of each amenument(s) adoption: 11/09/2012
Effective date if applicable: 11/09/2012
(no more than 90 days after amendment file date)
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)
(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
Signature My
(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)
DOUGLAS M. MCKENZIE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)