P11000071235

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Amendais

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	:	NSURANCE MARKET #.	5. INC.		
DOCUMENT NUMBER:	P11000071235				
The enclosed Articles of Amend	dment and fee are su	bmitted for filing.			
Please return all correspondence	c concerning this ma	tter to the following:			
JESSICA	A D MICKEL				
		Name of Contact Perso	n		
STATE	STATEWIDE INSURANCE MARKET #3, INC.				
	Firm/ Company				
8024 AL	ICO ROAD, SUITE	E A7			
		Address			
FORT N	IYERS, FL 33912				
		City/ State and Zip Cod	c		
INSURANCE:	SW@GMAIL.COM				
	-	sed for future annual report	notification)		
For further information concern JESSICA D MICHEL	ing this matter, pleas		<u>437-6444</u>		
Name of Contac	t Person	at (at Co	de & Daytime Telephone Number		
Enclosed is a check for the follo					
-	3.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301		

Articles of Amendment to Articles of Incorporation of

STATEWIDE INSURANCE MARKET #3 INC.

STATEWIDE	INSOIGNING	JE MINKKET 43, II	vc.		
(Name of Corporati	ion as curre	ntly filed with the	Florida Dept. of St	ate)	
P1100007123	35				
(Docum	ment Number	r of Corporation (if	known)	-	
Pursuant to the provisions of section 607.1006. Floridits Articles of Incorporation:	la Statutes, th	is <i>Florida Profit C</i>	orporation adopts th	ic followi	ng amendment(s) to
A. If amending name, enter the new name of the co	orporation:	NIA			TI
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p, " "Inc, " oi	r "Co". A profess			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		NIA			· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2.X</u>)	NIA	SCAE ARY	2817 AUG 11	TI
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent Name of New Registered Agent			enter the name of the	AH 10: 00	-
	(Florida	street address)			_
New Registered Office Address:		(City)	Floric		Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ent:	he obligations of the	. ,	
					_
Sign	nature 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)

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	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	P/VP	JOSE H ROMERO	8024 ALICO ROAD
Add			SUITE A7
X Remove			FORT MYERS, FL 33912
2) Change	P/VP	JESSICA D MICHEL	8024 ALICO ROAD
X Add			SUITE A7
Remove			FORT MYERS, FL 33912
3) Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
CHANGING OWNERS AS SEEN ON FORM ABOVE

· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A
IN/A

	08/09/2017	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed.	08/09/2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	ino more than 50 days tyler amenament file dates	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s)	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and share	holder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and sharehold	cr
07/31/20 Dated Signature	on cell	
(By:	a director president or other officer – if directors or officers have not cted, by an incorporator – if in the hands of a receiver, trustee, or other pinted fiduciary by that fiduciary)	
	JESSICA D MICHEL	
	(Typed or printed name of person signing)	
	P/VP	
	(Title of person signing)	