# P11000104681

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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08-02-12

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	RATION: ROVERSI   BER: P1100010468		ROUP, INC.
	of Amendment and fee are su		
	spondence concerning this ma	_	
	Margaret Defoe		
	MARGARET DEF	Name of Contact Persor	1
	16103 SW 107 P	Firm/ Company	
	MIAMI, FL 33157	Address  City/ State and Zip Code	2
Ro	versi@comcast.ne	ed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Margaret De	foe	at (305	, 256-0551
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	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)
Am Div P.C	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

Articles of Incorporation

## ROVERSI INSURANCE GROUP INC.

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

#### P11000104681

ent(s) to

(Documer	- N	// CI \	ţ,ĸ;
	nt Number of Corporation	on (if known)	والمراجعة المراجعة ا
nant to the provisions of section 607. rticles of Incorporation:	1006, Florida Statutes,	this <i>Florida Profit Corpor</i>	ration adopts the following
If amending name, enter the new na	ame of the corporation	<u>:</u>	
N/A			
ne must be distinguishable and con orp.," "Inc.," or Co.," or the design d "chartered," "professional associa	nation "Corp," "Inc,"	or "Co". A professional	
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )		2010 FORT	DENAUD ROAD
		La Belle, F	33935-6615
	bl.	0040 = 4	<b>.</b>
Enter new mailing address, if appli (Mailing address MAY BE A POST)			Denaud Road   33935-6615
If amending the registered agent an	OFFICE BOX	La Belle, F	33935-6615
(Mailing address MAY BE A POST of the Mailing address MAY BE A POST of the Mailing the registered agent and new registered agent and/or the new registered agent age	OFFICE BOX	La Belle, F	33935-6615
(Mailing address <u>MAY BE A POST</u> )  If amending the registered agent an	office BOX)  ad/or registered office w registered office add	La Belle, F	33935-6615
(Mailing address <u>MAY BE A POST</u> If amending the registered agent an new registered agent and/or the new	nd/or registered office w registered office add N/A 2010 Fort De	La Belle, F	33935-6615
(Mailing address MAY BE A POST of the Mailing address MAY BE A POST of the Mailing the registered agent and new registered agent and/or the new registered agent age	nd/or registered office w registered office add N/A 2010 Fort De	La Belle, F	33935-6615

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)

Pleuse 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.

X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>У</u> <u>Мі</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	N/A	2010 Fort Denaud Road
Add			La Belle, FI 33935-6615
Remove			
2) X Change	VP	N/A	2010 Fort Denaud Road
Add			La Belle, Fl 33935-6615
Remove			
3 ) Change			
Add			
Remove			
4) Change	***************************************		
Add			
Remove			- M
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (	Be specific)
	, ()
	<u> </u>
	1 / 1
	1/2
	\ \
an amendment provides for an exchan	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amend	ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u>,</u>
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	,
	MI,
	- N/1.
	M/1.
	N / 1

The date of each amendment(s)	adoption: July 16, 2012
Effective date if applicable:	uly 19, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or 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	,,
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated July 1	19, 2012
Signature 👤	WP Roven
· •	director, president or other officer - if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
4770	
	William P. Roversi
	(Typed or printed name of person signing)
	President
•	(Title of person signing)