P12000008561

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Amend

APR 2 6 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PROTECTION	N FIRST INSURAN	CE SERVICES, INC.
DOCUMENT NUMB	_{ER:} P1200000856	1	
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	JIGNESH BAKAF	RANIA	
-	0101120.1011.01	Name of Contact Person	1
	5600 MARINER	Firm/ Company	: 120
	JOOU WANTINLIX	Address	- 120
	TAMPA, FL 3360		
•		City/ State and Zip Code	c
jign	eshbakarania@g	mail.com	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
JIGNESH BA	KARANIA	at (813	, 340-1223
Name o	f 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)
	ing Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
	Box 6327		Building
Tallahassee, Fl. 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

FILED

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SEBRETARY OF STATE TALLAHASSEE PLORIDA

Articles of Amendment to Articles of Incorporation of

PROTECTION FIRST IN	SURANCE SER	VICES, INC.	
	currently filed with the Flo	orida Dept, of State)	
P12000008561			_
(Docume)	nt Number of Corporation (if)	known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the al o". A professional corporation name must o .A."	bbreviation -
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appli		N/A	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	14//	
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	N/A		
	(Florida strve	t address)	
New Registered Office Address:		, Florida	
The state of the s	(City)	(Zip Code)	
New Registered Agent's Signature, if cl	haumium Danistaurd Amark		
		th and accept the obligations of the position.	
Sig	gnature of New Registered Ag	ent, 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	0	ASHISH PATEL	5600 MARINER STREET, SUITE 120
Add Remove			TAMPA, FL 33609
2) Change	_ 0	SYLVESTER MULLER	5600 MARINER STREET, SUITE 120
Add Remove			TAMPA, FL 33609
3) Change Add			
Remove			
4) Change Add		-	
Remove			
5) Change Add			
Remove			
6) Change			AND SECURITY OF THE PARTY OF TH
Add Remove			

E. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
N/A	
F. If an amendment provides for an exchiprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
N/A	

The date of each amendment(s)	adoption: 4/19/2012
Effective date <u>if applicable</u> :	MEDIATE
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved 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 cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated 4/19/2	2012
Signature	
select	director, president or other officer – if directors or officers have not been ed by an incorporator – if in the hands of a receiver, trustee, or other court hted fiduciary by that fiduciary)
U	JIGNESH BAKARANIA
	(Typed or printed name of person signing)
	OFFICER
	(Title of person signing)