PIBOOBIY

(Re	questor's Name)	
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PICK-UP	Mait	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



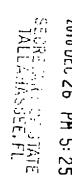


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Insurance Dealer C	Connect	
DOCUMENT NUM	IBER: P12000063714	· · · · · · · · · · · · · · · · · · ·	
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Adrian D Bravo		
		Name of Contact Per	son
	Insurance Dealer Connect		
		Firm/ Company	
	534 10th St N	Time Company	
		Address	
	Naples, FL 34102	1 12 12	
		City/ State and Zip C	ode
drite	ın@insurancedealerconnect.com	n	
	E-mail address: (to be us		ort notification)
	E-man address, (10 oc d.	section ration annual rep	on notification)
For further informati	on concerning this matter, pleas	se call:	
Adrian Bravo		239	330-8535
Name	of Contact Person		Code & Daytime Telephone Number
Enclosed is a check f	for the following amount made	payable to the Florida D	epartment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			eet Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
	D. Box 6327		ton Building
Tallahassee, FL 32314			L Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2018 DEC 26 PM 5: 25

Insurance Dealer Connect

		000000000000000000000000000000000000000
(Name o	of Corporation as currently	filed with the Florida Dept of State)
P12000063714		(MECHINGOEE, FL
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
		The new
	ation "Corp," "Inc." or "C	" "company," or "incorporated" or the abbreviation to the abbreviation of the contain the P.A."
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST)		
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of the
Name of New Registered Agent	Adrian D Bravo	
Nume of New Registered Agent	108 Pebble Shores Dr Apt 2	:01
	(Florida stree	······································
Van Barrietanud Office Address	Naples	34110
New Negistered Office Address.	·	City) (Zip Code)
New Registered Office Address:	Naples	, Florida 34110
New Registered Agent's Signature, if c		ith and accept the obligations of the position.
r nevery accept the appointment as region	erea agent. Tum jamaan wi	and accept the marganons of the profiton.
Aoleu	um Beavo	
	Signature of New Re	oistered Avent 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 us an Add.

Example: XChange	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>SV</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	P	_	Dritan Hoxhalli	
Add x Remove				
2) Change	P	_	Adrian D Bravo	
XAdd				
Remove				
3) Change		_		
Add				
4) Change		_		
Add				
Remove				
5) Change		_		
Add Remove				
Kemove				
δ) Change		_		
Add Remove				

Attach additional sheets, if necessary).	(Be specific)
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and an and an angellation of issued shares, and an ange
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
12/1/2018 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
12/1/2018 Dated	
Signature Adwas Bravo	
(By a director, president or other officer - if directors or officers have not be selected, by an incorporator - if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
Adrian D Bravo	
(Typed or printed name of person signing)	
President	
(Title of person signing)	