## P12000070348

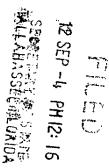
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Amend

SEP - 5 2012

T. LEWIS

TO: Amendment Section Division of Corporations Safeguard Insurance Inc. NAME OF CORPORATION: P12000070348 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christopher Nathan Gasparini
Name of Contact Person Safeguard Insurance Inc. 8106 US Highway 19 STE B Port Richey, FL 34668

City/ State and Zip Code Gasparini & 9 @ Gmail (Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christopher Nathan Gasparini at (777) 597-0057

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** 

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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12 SEP -4 PM 12: 16

Safeguard Ins	. T.	, 12 SET -4 PM 12: 16
	tly filed with the Florida Dept. of State)	SMITE SMITE
P12000070348	,	源中FVIUV2255年第FOVIDY
The state of the s	er of Corporation (if known)	<u> </u>
·	• • •	
rsuant to the provisions of section 607.1006, Financial Articles of Incorporation:	lorida Statutes, this Florida Profit Corporati	ion adopts the following amendment(
If amending name, enter the new name of t	he corporation:	
		The new
me must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "or chartered," "professional association," or	Corp," "Inc," or "Co". A professional co	corporated or the appreviation or poration name must contain the
Enter new principal office address, if application of the principal office address MUST BE A STREET		
	,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC)	E BOX)	
If amending the registered agent and/or reg new registered agent and/or the new regist		e name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Fl	orida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing ereby accept the appointment as registered ag		gations of the position.
Signature	of New 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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>Jones</u>	
<u>X</u> Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	Livio Gasparini	8106 US Highway 19
Add Remove			Port Richey, FL 34668
2) <u>X</u> Change Add	<u> </u>	Christopher Northan Gasparini	8106 US Highway 19 STEB
Remove 3) Change Add	<u> </u>	Joshua David Schlau	Port Richey, FL 34668 8106 US Highway 19 STE B
Remove 4) Change Add			Post Richey, FL 34668
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
	,
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	,

The date of each amendment(s) adoption: $8/29/20/2$
Effective date if applicable: 9/1/2012 (no more than 90 days after amendment file date)
(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 8/29/2012
Signature  (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)
Christopher Nathan Gasparini (Typed of printed name of person signing)
(Typed of printed name of person signing)
President (Title of person signing)
(Title of person signing)