

(Red	questor's Name)	
(Add	lress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Name	е)
(Doc	cument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to F	Filing Officer:	





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FEB 03 2017

R. WHITE

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	PRATION:	rance Group Inc	
DOCUMENT NUM	D12000016469		1.
The enclosed Article	s of Amendment and fee are sul	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	Julie Jackson		
		Name of Contact Person	1
	Jackson Pierce Insurance Gro	up Inc	
		Firm/ Company	- MT
	6146 US Hwy 98 N		
		Address	
	Lakeland FL 33809		
		City/ State and Zip Code	2
julie	@getinsuredflorida.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	e call:	
Julie Jackson		at (<u>863</u>	859-1491 de & Daytime Telephone Number
Namo	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

of

Articles of Incorporation 17 FEB -1 PH 2: 34

Jackson Pierce Insurance Group Inc

(Name of Corpora	tion as currently filed with the Florida Dept. of State)
P13000015468	
(Doct	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the	corporation:
	The new
	ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the ne abbreviation "P.A."
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)
	ered office address in Florida, enter the name of the
new registered agent and/or the new registere	d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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.

X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jo	nes			
X Add	<u>sv</u>	Sally Sn	nith			
Type of Action (Check One)	<u>Title</u>		Name		Address	
1) X Change	P	_	Julie Jackson		6146 US Hwy 98 N	_
Add					Lakeland FL 33809	
Remove						
2) Change						_
Add						
Remove			•			_
3) Change						
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add						
Remove						
						
6) Change		_				_
Add						_
Remove						

	(Be specific)
** ***********************************	
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1794-4-/6	
The state of the s	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amei	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amei	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amei	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amei	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amei	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
·	
Effective date <u>if applicable</u> : (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 date v document's effective date on the Department of State's records.	vill 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 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)	
☐ 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.	
O1/27/2017 Dated 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) Julie A Jackson (Typed or printed name of person signing)	
President	
(Title of person signing)	

1. 9. 1. 21