P13800874176

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:
	 	



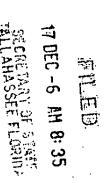


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FLORIDA INSUR	RANCE SERVICES GROU	P, INC.
DOCUMENT NUMB	BER: P13000024136		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JOHN SELLAS		
		Name of Contact Persor	1
	ADMINISTRATIVE AGEN	CY, INC.	
		Firm/ Company	
	POST OFFICE BOX 20082,	TAMPA, FLORIDA 3362	2
		Address	
		City/ State and Zip Code	e
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JOHN SELLAS		at ()
Name of Contact Person		Area Co)de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Ame Divis P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

. (Name of Corporation as	currently filed with the Florida Dept. of State)
FLORIDA INSURANCE SERVICES GROUP, INC.	P136111 24136
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	The new orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	¥ 🗖
(Principal office address MUST BE A STREET ADDRESS	<u>(1)</u>
C. Enter new mailing address, if applicable:	二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	En G
B 16 11 11 11 11 11 11 11 11 11 11 11 11	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
(Fi	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	, Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	d Agent:
i nereny accept the appointment as registered agent. I am ju	ammar with and accept the obligations of the position.
Signature o	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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	JOHN SELLAS	POST OFFICE BOX 20082
Add			TAMPA, FL 33622
X Remove			
2) Change	P	ADMINISTRATIVE AGENCY, INC	POST OFFICE BOX 20082
X Add			TAMPA, FL 33622
Remove		•	
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		•	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
-		
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•		
provi	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)	

3 1 1 P	1-1-17
The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date if applicable:	-1-17
Effective date in applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as th Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
12-1-17 Dated	
Signature	a director, president or other officer - if directors or officers have not been
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	JOHN SELLAS, AS PRESIDENT OF FLORIDA INSURANCE SERVICES GROUP, IN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)