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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	Agency Co		
DOCUMENT NUM	BER:			
	of Amendment and fee are sul	bmitted for fili	ng.	
Please return all corre	spondence concerning this mat	ter to the follo	wing:	
	Darlene Antinori			
		Name of Co	ntact Persor	
	Darlene Antinori Agency C	0		
		Firm/ C	Company	
	1740 E Venice Ave #8			
		Ad	dress	
	Venice FL 34292			
		City/ State a	ind Zip Code	:
da rl e	ene@greatflorida.com			
	E-mail address: (to be us	ed for future a	nnual report	notification)
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For further information	on concerning this matter, pleas	se call:		
Darlene Antinori		at (941	412 4015
Name	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	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 Fi Certified ((Additional enclosed)	Copy Il copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address mendment Section vision of Corporations D. Box 6327		Ameno Divisio Clifton	Address Iment Section on of Corporations Building
Tal	lahassee, FL 32314		2001 b	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Darlene Williams Agency Co (Name of Corporation as currently filed with the Florida Dept. of State) P13000025526 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Darlene Antinori Agency Co name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) NA D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby 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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo			
X Add	<u>SV</u>	Sally Sn		ιΔ	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	NA	<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
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3) Change		_			
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5) Change					
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Add					<u> </u>
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6) Change		_	_		
Add					
Remove					

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	men management and and the first property.	cles, enter change(s) here: (Be specific)	NA	
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The date of each amendment(s) act this document was signed.	loption:	, if other man the
inte tills document was signed.	ΥA	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment of the first approval.	(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and sharehold	ler
action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	8-21-18 Parlae M antinon	
a:	Darlar M antinoni	
(By a c	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 conted fiduciary by that fiduciary)	ו שרו
	Dariene M Antinori	
	(Typed or printed name of person signing)	
	Pres- Agent	
	(Title of person signing)	