## P13000043614

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SECRETARY OF STATE

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C. LEWIS 2013

DEC S 2013

EXAMINER

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

Division of Corporations	
NAME OF CORPORATION: Diversified P	rotective Insurance Services, Inc.
DOCUMENT NUMBER: P13000043614	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Dorothy Johns	on
	Name of Contact Person
Diversified Incorpor	ration Services
	Firm/ Company
13154 Spring Hill D	Pr.
	Address
Spring Hill, FL 346	09
	City/ State and Zip Code
dorothy@thecorporatio	nservicecompany.com
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
Dorothy Johnson	352 683-5108
	at (352 ) 683-5198
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
■ \$35 Filing Fee   □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

APPROVED AND FILED

## **Articles of Amendment** to Articles of Incorporation

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SECRETARY OF STATE TALLAHASSEE, FLORIDA Diversified Protective Insurance Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P13000043614 t(s) to

(Documen	t Number of Corporation (if	`known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corp	oration adopts the following amends
A. <u>If amending name, enter the new na</u> Beacon Financial Gro		Inc.	The n
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "	Co". A profession	"incorporated" or the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A ST</u>			
C. Enter new mailing address, if appli- (Mailing address <u>MAY BE A POST (</u>			
D. If amending the registered agent an new registered agent and/or the new			er the name of the
Name of New Registered Agent	Stephen Klapka	•	
rame of them registered rigem	13156 Spring Hill	Dr.	
	(Florida stro		
New Registered Office Address:	Spring Hill		_, Florida 34609
	(City)		(Zip Code)
New Registered Agent's Signature, if characteristics of the appointment as registed.			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 Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	Chad Venters	6685 Sherry Ct
Add			Decatur, IL 62521
Remove			
2) Change	VP	Shawn C Garrett	401 E 3rd St
Add			Kinmundy, IL 62854
Remove			
3) Change	T	Dorothy Johnson	14157 Cinnaman Lane
Add			Brooksville, FL 34614
Remove			
4) Change	Р	Stephen Klapka	4039 Clearspring Rd
✓ Add			Brooksville, FL 34604
Remove			
5) Change	VP	Brian McGinnis	8443 Nittany Rd
Add			Brooksville, FL 34613
Remove			
6) Change	s	Robert Pacchiarotti	2440 Holston Ave.
Add			Spring Hill, FL 34608
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	
provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
000 stock shares will be reclass	sified as follows
00 Shares Steve Klapka	
00 Shares Brian McGinnis	
00 Shares Dorothy Johnson	
00 Shares Robert Pacchiarotti	
	- <u> </u>

APPROVEU AND FILED

The date of each amendment(s) adoption: November 22, 2013 date this document was signed. January 1, 2014 Effective date if applicable: (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 (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. Signature (By a director, president or other officer if directors or officers have not been selected, by an incorporator - if in the bands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) **Dorothy Johnson** (Typed or printed name of person signing) Treasurer (Title of person signing)