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COVER LETTER •

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON:ARMOR INSURA	ANCE AGENCY CORP	_
DOCUMENT NUMBER			
The enclosed Articles of A		bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
NA	NCY GRINSTEIN		
		Name of Contact Person	n
AR	MOR INSURANCE AGI	ENCY CORP	
		Firm/ Company	_
983	1-3 BEACH BLVD	Time Company	
	<u>-</u> .	Address	
JAC	CKSONVILLE,FL 32246		
		City/ State and Zip Cod	
		ony but and bip cou	
ALOPOC	CHO@AOL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
		1 ,	·
For further information con	ncerning this matter, pleas	se call:	
NANCY GRINSTEIN		at (802-8356
Name of C	ontact Dascon	at (at ()dc & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	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)	☐S52.50 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 Iment Section on of Corporations Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARMOR	INSHI	RANCE	AGENCY	CORP
MINION	113301	VALUE:	AUGING	CURE

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	on:
	The new poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	30 30 70
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
	(City) (Exp Code)
New Registered Agent's Signature, if changing Registered Alberta Registered Agent. I am fan	Agent: niliar with and accept the obligations of the position.

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 Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	BENJAMIN GRINSTEIN	9831-3 BEACH BLVD
X Add			JACKSONVILLE,FL 32246
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding as</u> (Attach additional sheets,	dditional Articles, enter of the specific of t	change(s) here:		
N/A	y iii bo upocy.	/		
·				
			V 103 17 102 2 1 1	
	 			
	_			
				
F. If an amendment provide provisions for implementations.	es for an exchange, reclas ating the amendment if n	ssification, or cancellation of contained in the ame	on of issued shares, adment itself:	•
(if not applicable, in	dicate N/A)			
N/A				
-				
				
		· · · · · · · · · · · · · · · · · · ·		

•	04 /08/2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Describe data is abuliantles	4/08/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the sufficient for approval.	e amendment(s)
	pproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amen	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action a	and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and s	shareholder
04/08/20 Dated	16	•
Signature /	lianaja	
(By a selec	director, president or other officer – if directors or officers ted, by an incorporator – if in the hands of a receiver, trusted inted fiduciary by that fiduciary)	
	NANCY GRINSTEIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·