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Amend 5

## **COVER LETTER**

Division of Corporations Insurance Services of POIK Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: rance Services of
Firm/Company Combee Rd Surance Services of Poly 6 ton E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status

(Additional copy is

enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

## Articles of Amendment to Articles of Incorporation

Insurance Services of POIK IN	<u>C</u> (
(Name of Corporation as currently filed with the Florida Dept. of State)  (Document Number of Corporation (if known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followin its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must 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)	SECRETARY BE CON DIVISION OF EB 12
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:	2 P
Name of New Registered Agent	H 2:1
(Florida street address)	<b>~</b>
New Registered Office Address: , Florida (City) , Florida (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.

Example: X_Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jos	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		Donna M. Stevens	2209 Heritage crest Dr.
Remove				Valrico, FL 3359L
2) Change	<del></del>	_		
Remove				
3) Change		_		
Remove				
4) Change		_		
Add Remove				
5) Change		_ <del>.</del>		
Add Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary). (Be specific)	
	<u>.</u>
	-
If an amendment provides for an exchange, reclassification, or cancellation of issued shares	s.
provisions for implementing the amendment if not contained in the amendment itself:	_
(if not applicable, indicate N/A)	
<u> </u>	
$\mathcal{N}\mathcal{N}$	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
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	
by"  (voting group)	
(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.	
Dated [ -   -   \	
V sallace	
Signature (By a director, president or other officer – if directors or officers have not been	<u> </u>
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Joshua Kelley	_
(Typed or printed name of person signing)	
President	
(Title of person signing)	