P13000102329

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ed Copies Certificates of Status
ial Instructions to Filing Officer:
Office Use Only



600337523086

12/05/19--01016--012 **35.00

EFFECTIVE DATE

AMILIARIO

Lanua Ch 8

JAN 1 0 2020 I ALBRITTON

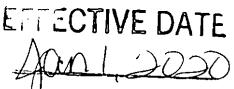
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	rion:	COAST INSURANCE AGI	ENCT INC
DOCUMENT NUMBER	R: P13000102329		
	Amendment and fee are sul	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
De	an McConville		
		Name of Contact Person	
De	Dean McConville Insurance and Financial Services, Inc.		
		Firm/ Company	
1.4	506 Tamiami Tr		
		Address	
No	orth Port, FL 34287		
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
dean.mc	conville.p6je@statefarm.cc	oin	
		sed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call:	
Dean McConville or Mary Foster		941	429-3326
Name of Contact Person		at (Area Coo	de & Daytime Telephone Number
Enclosed is a check for th	ne following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	g Address iment Section on of Corporations ox 6327 issee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



FLORIDA GULF COAST INSURANCE AGENCY INC (Name of Corporation as currently filed with the Florida Dept. of State) P13000102329 (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: DEAN McCONVILLE INSURANCE AND FINANCIAL SERVICES, Inc. 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) 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) . Florida New Registered Office Address: _ (City) 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 = ChiefExecutive 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: <u>PT</u> John Doe X Change Mike Jones $\underline{\mathbf{V}}$ X Remove SVSally Smith <u>X</u> Add Address. Title Name Type of Action (Check One) 1) ____ Change ____ Add Remove 2) ____ Change ____ Add __ Remove 3) ____ Change ____ Add Remove 4) ____ Change ____ Add Remove 5) ____ Change ____ Add __ Remove 6) ____ Change ____ Add ____ Remove Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

ONLY CHANGING NAME OF S-CORP FROM FLORIDA GULF COAST INSURANCE AGENCY INC TO

DEAN McCONVILLE INSURANCE AND F	INANCIAL SERVICES, Inc.	
		
		-
provisions for implementing the amend	nge, reclassification, or cancellation of issued shares, lment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		
		
	Page 3 of 4	
La data of mak amandments) adentions		, if other than the
te this document was signed.		
fective date if applicable:		
rective date <u>it applicative</u> :	(no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CI	ECK ONE)
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval
by	ing group)
(voi	ing group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
Dated 12/03/2019	
Signature Du	mile
(By a director, pres selected, by an inc	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)
Dean McC	onville
	(Typed or printed name of person signing)
President	
(Title of pe	rson signing)