# P1400000 60 74

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PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
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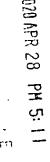
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### COVER LETTER

Division of Corporations Senior Assurance Group NAME OF CORPORATION: P14000006074 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Senior assurance Group W. Harborylew Ata Rosa Reach Flo.
City/State and Zip Code For further information concerning this matter, please call: Name of Contact Person at (850) 933-7232

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

TO: Amendment Section

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

Serino assurance	GROUP, INC.
(Name of Corporation as currently	filed with the Florids Dept. of State)
P14000006074	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
$\lambda$ ), $A$ .	The new
name must be distinguishable and contain the word "corporation," "co. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A properties of the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA PH 5: 1
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	
Name of New Registered Agent Sandral 430 W. Harl (Florida stree.	DDTY EW Rd.
New Registered Office Address: Santa Rusa Y	Search Florida 32459 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	Study-Radu istered Agent, it changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>_C</u> _	Barry Raden	430 W. Harbusviewed
Add		1	Santa Risa Boach
Remove 2) Kemove Change	P	Sandy Raden	Flo. 32459 430 W. Harbosviewed
Add Remove 3 ) Change	٧P	Jacob Rader	Sarta Rosa Boach Flo 32459
_iX Add		OUCHD T WELLED	JAMES 209 BRY GROVE
Remove 4) Change Add	VP_	Bradley Rader	FREE POT Floride 32439- 300 Sardal Lane apt. PCB Flo. 304
Remove			32413
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	fing additional Articles, enter change(s) here: heets, if necessary). (Be specific)
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	provides for an exchange, reclassification, or cancellation of issued shares,
an amendment p	nymics by an extrange, recussionation, or varietiation of issued shares,
<u>provisions for imp</u>	plementing the amendment if not contained in the amendment itself:
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The date of each amendment(s) addate this document was signed.	loption: 4/23/20	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendaticient for approval.	nent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by <u>SENIO</u>	N ASSURANCE GROUP " (voting group)	
	(voting group)	
Dated	4/23/20	
Signature Signature	land a Library - Radio rector, president or other officer - if directors or officers have not be	
selected	rector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	SANDRAL, FRISKY - F (Typed or printed name of person signing)	RADEN
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	