P14000007642

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(PRM) 4-16-15

COVER LETTER

	COVER LETTER		
TO: Amendment Section Division of Corporations			15 APR
NAME OF CORPORATION: Ryan Caba	niss Insurance,	Inc.	<u> </u>
DOCUMENT NUMBER: P140000764	2		
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this mat	iter to the following:		
Daniel P. Saba, E	Squire		
	Name of Contact Person	n	· -
Locklin, Saba, Lo	cklin & Jones, F	P.A.	·
4557 Chumuckla	Firm/ Company Highway		
	Address		
Pace, FL 32571		,	<u>.</u>
	City/ State and Zip Cod	e	•
ryan.cabaniss.dbgl@			
E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, pleas	se call:		
Daniel P. Saba	at (850	, 995-1102	
Name of Contact Person	nber		
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

	Articles of Amendment	Σ_{c}	·	
	to	7.5	· 5	* MOS MEET L
	Articles of Incorporation of		70	and and
Ryan Cabaniss Insurance, Inc.		***	Ċ,).
(Name of Corporation as currently	filed with the Florida Dept. of State)	<u> </u>	P	
P1400007642		22 25 C	က်	
(Document Number of	of Corporation (if known)		ţ-	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Profit Corpora	ation adopts the following	; amendi	ment(s) to
A. If amending name, enter the new name of the	corporation;			
Ryan Cabaniss Insurance Agen	icy, Inc.		The n	ew
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) D. If amending the registered agent and/or regist new registered agent and/or the new registered. Name of New Registered Agent	OX) ered office address in Florida, enter t	he name of the		
				
	(Florida street address)			
New Registered Office Address:		Plorida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Reliable I hereby accept the appointment as registered agent.		igations of the position.		
S:	New Registered Agent, if changing			
Signature of I	NEW ARRISIETEU ARRINI, II CHUNGING			

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 <math>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.

X Change	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				***************************************
Add				*************
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			**************************************	, <u>, , , , , , , , , , , , , , , , , , </u>
Remove				

tach <i>additional</i>	Iding additional Assets, if necessary,). (Be specific	c)			
<u> </u>						 ,

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<u> </u>		<u>,</u>	······································			
		······································				
					- Mr. Int. Carlo and Carlo	
				 .		
n amendment	provides for an ex	change, reclas	sification, or	cancellation of	issued shares,	
rovisions for im (if not applic	aplementing the anable, indicate N/A)	nendment if no	ot contained ir	the amendme	nt itself:	
(3 ·····	,,					
· · · · · · · · · · · · · · · · · · ·	······································					
			<u> </u>			

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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	99	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	1/10/15	
Signature	KUL	
(By a d	lector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)	
аррони	on inductary by that inductary;	
	Ryan Cabaniss	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	