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-Office Use Only



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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Insurepro Florida Inc. DOCUMENT NUMBER: P14000084940 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Altino Name of Contact Person Insurepro, Inc. Firm/ Company 7636 South Federal Highway Address Port Saint Lucie, Florida 34952 City/ State and Zip Code raltino@ifssf.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 772 ) 215-2137

Area Code & Daytime Telephone Number Robert Altino Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



14 NOV 24 PH 4: 18 Insurepro Florida, Inc (Name of Corporation as currently filed with the Florida Dept. of State) P14000084940 (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: Insurepro of Florida, 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 <u>MUST BE A STREET ADDRESS</u>) 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.

Robert Altino

Digitally aigned by Robert Altino

DN chaRobert Altino disinsurapro of Florida ou,

amaistratino@ffsat.com cauS

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
4) Change		_	
Add Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change		_	
Add			-
Remove			

Attach additional sheets, if necessary). (Be specific)	
nend to add tax Id number 80-0412431	
	<del>-</del>
	<u> </u>
	_
If an amendment provides for an exchange, reclassification, or cancellation of issued sha	POF
provisions for implementing the amendment if not contained in the amendment itself:	1 (3)
(if not applicable, indicate $N/A$ )	
	<del></del>
	·

The date of each amendmen date this document was signed Effective date if applicable:		SECRE OLVISION	FILLU SECRETARY OF S DIVISION OF CORPOR			, if other than the
	11-20-2014	(no more than 90 days after amendmen		PH 4: 18		
Adoption of Amendment(s)  The amendment(s) was/we by the shareholders was/w	re adopted by the s	hareholders. The number of votes cast	for th	he a	amendment(s)	
The amendment(s) was/we	re approved by the	shareholders through voting groups. To group entitled to vote separately on the				
"The number of votes	s cast for the amend	dment(s) was/were sufficient for approv	al			
by	(voti	ng group)	_·"			
The amendment(s) was/we action was not required.	·	poard of directors without shareholder ac	tion	an	d shareholder	
The amendment(s) was/we action was not required.	re adopted by the i	ncorporators without shareholder action	and:	sha	areholder	
Dated_11-2	20-2014					
	Robert Altino					
(E	By a director, presid	fent or other officer – if directors or off rporator – if in the hands of a receiver, t by that fiduciary)				
	Robert Al	tino				
		(Typed or printed name of person	signi	ing	;)	<del></del>
	President	-				
		(Title of person signing)				