## P14000097285

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## **COVER LETTER**

TO: Amendment Section • Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: The Davenport Insurance Agency, Inc. DOCUMENT NUMBER: P14000097285 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kenneth Kellner Name of Contact Person The Davenport Insurance Agency, Inc. Firm/ Company PO Box 2622 Address Davenport, Fl. 33836 City/ State and Zip Code ken@davenportinsuranceagency.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kenneth Kellner at ( 863 ) 547-0636 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

The Davenport Insurance Agency, Inc		
(Name of Corporation as curren	itly filed with the Florida Dept	. of State)
P14000097285		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation ad	lopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Florida Health Plans, Inc		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation no	or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A	<b>**</b>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		### ### ##############################
C. Enter new mailing address, if applicable:	PO Box 2622	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	Davenport, Fl. 33836	SP. SP.
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address		ne of the
(Florida )	street address)	
New Registered Office Address:	· 	, Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.		(Zip Code) s of the position.
Signature of New	Registered Agent, if 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>РТ</u> <u>Ј</u>	John Doe	
-			
X Remove	<u>V</u> <u>N</u>	Mike Jones	
X Add	<u>SV</u> <u>S</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		MA	
Add		I	
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional A Attach additional sheets, if necessary,	). (Be specific)	NIX		
				<u> </u>
	<del></del>		<del></del>	
	<del>-</del>			
		<del>.</del>		<del>-</del>
an amendment provides for an expressions for implementing the an (if not applicable, indicate N/A)	change, reclassification	ntion, or cancellation of issentained in the amendment	ued shares, itself:	
		-		_
	, <del>-</del>		- <u>-</u>	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
<del></del>	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without share	eholder action and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the aufficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	16/2020	
selecte	lirector, provident or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, o	re not been r other court
арроп	ited fiduciary by that fiduciary)	
	Kenneth Kellner	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	