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SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE AUG 2.8 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FULL CIRCLE IN:	SURANCE INC.	
DOCUMENT NUMBER: P15	000007671		
The enclosed Articles of Amend		omitted for filing.	
Please return all correspondence	concerning this mat	ter to the following:	
PRITHI (DASWANI		
		Name of Contact Persor	1
PRITHI (ASWANI CPA PL		
		Firm/ Company	
6735 CO	NROY ROAD, SU	ITE 315	
		Address	
ORLAND	O, FLORIDA 328	35	
		City/ State and Zip Code	2
PRITHID@CP	A.COM		
E-ma	il address: (to be use	ed for future annual report	notification)
For further information concerni	ng this matter, please	e call:	
PRITHI DASWANI		407 at (218-5921 de & Daytime Telephone Number
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made p	ayable to the Florida Depa	rtment of State:
	3.75 Filing Fee & tificate 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 Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fl	rection rporations	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 2018 AUG 24 AM 9: 08

FULL CIRCLE INSURANCE INC.

(Name of Corporatio	on as currently filed with the Florida Described (IF STATE
P15000007671	TALLAHASSEE, FL
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
	TheThe
	l "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A,"
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>
D. If amending the registered agent and/or registere	ad office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
HER REGISTER Office radicess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent; am familiar with and accept the obligations of the position.
. , , , ,	, , , , , , , , , , , , , , , , , , , ,
C'	CN Decimal Annual Statement
Signa	ture of New Registered Agent, if changing

4.

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	VP	SEMIR R NAY	′AR	6735 CONROY ROAD
Add				SUITE 311
X Remove				ORLANDO, FLORIDA 32835
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change			·	
Add				
Remove				
5) Change				
Add				41.
Remove				****
6) Change		<u> </u>		
Add				
Remove				

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an amendment p	rovides for an	exchange, recla	ssification, or	cancellation of	issued shares,	
provisions for imp	olementing the	amendment if n	ssification, or ot contained	cancellation of in the amendmen	issued shares, nt itself:	
provisions for imp	provides for an olementing the ble, indicate N	amendment if n	ssification, or ot contained	cancellation of in the amendme	issued shares, nt itself:	
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provisions for imp	olementing the	amendment if n	ssification, or	cancellation of in the amendme	issued shares, nt itself:	

	AUGUST 23, 2018	
The date of each amendment(s) acd this document was signed.	loption:	, if other than t
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this d partment of State's records.	ate will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
AUGUST-	23-2018	
Dated		
	- In / 22	
Signature	ifector, president or other officer – if directors or officers have not been	
	trector, president or other officer – If directors or officers have not been divided by an incorporator – if in the hands of a receiver, trustee, or other countries of the coun	
	ted fiduciary by that fiduciary)	
	PRITHI DASWANI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	