## P15000030248

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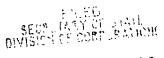
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Ample Property an	d Casualty Insurance Comp	any	
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Lawrence Adkins Jr			
-		Name of Contact Person		
	Ample Property and Casualty Insurance Company			
		Firm/ Company		
	419 E Oakland Ave	, ,		
	Address			
	Oakland, FL 34760			
		City/ State and Zip Code	,	
LAdk	ins@Ampleins.com			
<del></del>	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se cail:		
Lawrence Adkins Jr		at ( <sup>321</sup>	222-1488	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	□\$43.75 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)	
Ame Divi P.O.	hing Address Indment Section Ission of Corporations Box 6327 Inhassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Ample Property and Casualty Insurance Company

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15000030248 (Document Number of C		
(Document Number of O		
	Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this F s Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s	
. If amending name, enter the new name of the corporation:		
	The new	
ame must be distinguishable and contain the word "corporation, Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C ord "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the	
Enter new principal office address, if applicable:	419 E Oakland Ave	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Oakland, FI 34760	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	419 E Oakland Ave	
	Oakland, FI 34760	
. If amending the registered agent and/or registered office addre new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Laurence Adkins Ir		
Name of New Registered Agent 419 E Oakland Ave	·····-	
(Florida stree	et address)	
New Registered Office Address: Oaktand	Florida 34760	
	City) (Zip Code)	

Address of each Office (Attach additional shee Please note the officer/P = President; V = Vic Executive Officer; CFC held. President, Treasu Changes should be not a change, Mike Jones I Mike Jones, V as Remo	er and/or I  ets, if neces director til  e Presiden  O = Chief  wer, Direct  ed in the followers  be aves the c	Director being added: sary) the by the first letter of the office til it; T= Treasurer; S= Secretary; L Financial Officer. If an officer/d tor would be PTD. bllowing manner. Currently John	the of each officer/director being removed and title, name, and the:  Description: Description: TR = Trustee; C = Chairman or Clerk; CEO = Chiefirector holds more than one title, list the first letter of each office.  Doe is listed as the PST and Mike Jones is listed as the V. There is the V and S. These should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doc	
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			
Remove			
3) Change			
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rovisions for	nt provides for an eximplementing the a	mendment if not co	ation, or cancellat	ion of issued shar endment itself:	es,
(if not appl	licable, indicate N/A)	ı			,
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he date of each amendment		if other than the
date this document was signed	May 5, 2015	SECTE TARY OF WATER
Effective date if applicable:		
	(no more than 90 days after amendment file date)	15 MAY -8 PM 2: 10
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/web by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmen ere sufficient for approval.	t(s)
	re approved by the shareholders through voting groups. The following states ed for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
May : Dated	5, 2015	
Signature _		
•	By a director, president or other officer – if directors or officers have not bee elected, by an incorporator – if in the hands of a receiver, trustee, or other co	
	ppointed fiduciary by that fiduciary)	oui t
	Lawrence Adkins Jr	
	(Typed or printed name of person signing)	
	DPT	
	(Title of person signing)	