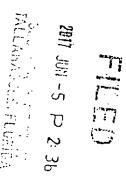
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION:NSURANCE OF	TAMPA BAY INC				
DOCUMENT NUMI						
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	ANGEL DIEZ					
		Name of Contact Person	n			
	DBS DIEZ BUSINESS SER	ERVICES INC				
		Firm/ Company				
	4125 W WATERS AVE	• •				
		Address				
	TAMPA, FL 33614					
		City/ State and Zip Cod	e			
DBS.	.10@FRONTIER.COM					
-	<u> </u>	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas		021 1014			
	of Contact Person	at (				
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle issee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

INSURANCE OF TAMPA BAY INC		
(Name of Corporation as curren	tly filed with the Florida l	Dept. of State)
P15000076257		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation;	s Florida Profit Corporatio	m adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional cor	
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)	3117 W COLUMBUS	DR
	SUITE 207	
	TAMPA, FLORIDA 3	3607
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address	dress in Florida, enter the ss:	name of the
(Florida s	street address)	
New Registered Office Address:	(Ciry)	, Florida
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent—I am familian Signature of New	nt: r with and accept the obliga Registered Agent, if changi	tions of the position
		P 2

## 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: <u>X</u> Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	S		ALEXIS E ABREU GARCIA	3117 W COLUMBUS DR
X Add				SUITE 207
Remove				TAMPA, FLORIDA 33607
2) Change		_		
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		-
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additie	onal sheets, i	dditional Art if necessary).	(Be specij	fier				
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<u>f an amenda</u>	<u>nent provide</u>	es for an excl	iange, recla	ssification, o	<u>r cancellațio</u>	n of issued s	hares,	
(if not a	oplicable, inc	nting the ame	<u>nginent 11 n</u>	ot contained	in the amen	iament itsell	<u>:</u>	
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	06/02/2017	
The date of each amendment(s) a	doption:	, if other than th
fate this document was signed.		
	)2/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
	· · · · · · · · · · · · · · · · · · ·	
<b>Note:</b> If the date inserted in this blocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s).	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
06/02/201 Dated	7	
Signature	Inguis Cruz	
selecte	irector, president of other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	INGRID CRUZ	
	(Typed or printed name of person signing)	-
	PRESIDENT	
	(Title of person signing)	<del></del>