Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DBS DIEZ BUSINESS SERVICES INC

Account Number : 120170000086 : (813)871-1816 Fax Number : (813)884-5920

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN INSURANCE OF TAMPA BAY INC

| Certificate of Status | 0 |
|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation

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| | Articles of Amen | idment | • | in the |
| | to | | . • . !! | |
| | Articles of Incorp of | oration | | 160 T |
| NSURANCE OF TAMPA BAY I | | | | |
| | | | i i | · · |
| (<u>N</u> | sme of Corporation as currently fil | ed with the Florids Dep | ot. of State) | 蒙 , 多 |
| P15000076257 | | | | Solution |
| <u>-</u> | (Document Number of Co | rporation (if known) | | 53. |
| tursuant to the provisions of sections. Articles of Incorporation: | n 607.1006, Florida Statutes, this <i>Flor</i> | rida Profit Corporution a | adopts the following amendr | ment(s) to |
| . If amending name, enter the n | ew name of the corporation: | | | |
| | d contain the word "corporation," | V | The ne | |
| "Corp" "Inc.," or Co.," or the | designation "Corp," "Inc," or "Co" association," or the abbreviation "P.A | '. A professional corpor | ration name must contain t | he |
| Principal office address <u>MUST B</u> | | | | |
| Enter new mailing address, il (Mailing address <u>MAY BE A P</u> | | | | · · |
| | ent and/or registered office address he new registered office address: | in Florida, enter the na | me of the | |
| | (Florida street a | iddress) | | |
| Now Rullingwood Office Ad. | lemos: | | _, Florida 33618 | |
| New Registered Office Ado | rress: (Cin | <u> </u> | _, Florida | - |
| New Registered Agent's Signatur | e if changing Registered Agents | | | |
| hereby accept the appointment as | registered agent. I am familiar with | and accept the obligation | ns of the position. | |
| | | | | |

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 | Y | Mike Jones | |
| X Add | <u>\$V</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| I) X Change | PRES | INGRID ABREU | 3117 W COLUMBUS DR |
| Add | | | STE 207 |
| Remove | | | TAMPA, FL 33607 |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | · · · · · · · · · · · · · · · · · · · | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| ல் Change | | | |
| | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | |
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| | 09/10/2019 | |
|---|---|----------------------|
| The date of each amendment(s) | adoption: | _, if other than the |
| date this document was signed. | | - |
| | V10/2019 | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filling requirements, this date will opportment of State's records. | not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ac by the shareholders was/were s | dapted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | |
| The amendment(s) wastwere apmust be separately provided for | pproved by the shareholders through voting groups. The following statement or each voting group entitled to vate separately on the amendment(s): | |
| | st for the amendment(s) was/were sufficient for approval | |
| by | (voling group) | |
| | (voling group) | |
| | | |
| The amendment(s) was/were ad action was not required. | dopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were ad action was not required. | dopted by the incorporators without shareholder action and shareholder | |
| 09/10/201 Dated | 19 | |
| Signature | Lagrid Crue | |
| (By a solection | director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) | - |
| | INGRID CRUZ | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| , | (Title of person signing) | |