

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



400309459724

02/28/18--01016--012 **43.75

FILED Mar 16, 2018 08:00 AM Secretary of State

HAR 2 0 2018 T. LEASIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: LEGO INSURAN | CE AGENCY INC. | | | |
|--------------------------|---|--|--|--|--|
| DOCUMENT NUMB | ER: P15000080046 | | | | |
| | of Amendment and fee are su | abmitted for filing. | | | |
| Please return all corres | pondence concerning this ma | atter to the following: | | | |
| | David Lego | | | | |
| - | | Name of Contact Person | n | | |
| | Lego Insurance Agency Inc. dba Brightway Insurance | | | | |
| - | | Firm/ Company | | | |
| | 122 North State Road 13 | co | | | |
| • | Address | | | | |
| : | Saint Johns, FL 32259 | | | | |
| - | | City/ State and Zip Cod | e | | |
| dave.le | ego@brightway.com | | v | | |
| | • • • | sed for future annual report | notification) | | |
| | | | | | |
| For further information | concerning this matter, please | se call: | į | | |
| David Lego | | at (<u>%</u> \4 | 217-7624 | | |
| Name o | f Contact Person | at (Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | urtment 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) | | |
| Amer Divis P.O. | ing Address Indment Section Identification of Corporations Box 6327 Inassee, FL 32314 | Amend Divisio Clifton | Address ment Section n of Corporations Building xecutive Center Circle | | |

Tallahassee, FL 32301



March 1, 2018

DAVID LEGO 122 N S.R. 13 ST JOHNS, FL 32259

SUBJECT: LEGO INSURANCE AGENCY INC.

Ref. Number: P15000080046

We have received your document for LEGO INSURANCE AGENCY INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not put a DBA on a corporation's name. If you are wanting to file a fictitious name you will have to file a registration of fictitious name on the our website or my downloading the document and mailing it in.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

ੇਟਿਓ *345-6957* Tracy L Lemieux Regulatory Specialist II

Letter Number: 318A00004218



Articles of Amendment to Articles of Incorporation of

FILED Mar 16, 2018 08:00 AM Secretary of State

| Lego insurance Agency Inc | | |
|---|--|---|
| | of Corporation as currer | ntly filed with the Florida Dept. of State) |
| P15000080046 | | |
| | (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, thi | is Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new na | ame of the corporation: | |
| Lego Insurance Agency Inc | • | The new |
| | ation "Corp," "Inc," or | ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| B. Enter new principal office address, | if applicable: | 122 North State Road 13 |
| (Principal office address MUST BE A S | | Saint Johns, FL 32259 |
| | | |
| C. Enter new mailing address, if applied (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new registered agent and/or the new registered agent. | OFFICE BOX) d/or registered office ad | |
| Name of New Registered Agent | David Lego 122 North State Road 13 | |
| | | |
| | (Florida s | street address) |
| New Registered Office Address: | Saint Johns | Florida 32259 |
| | · · · · · · · · · · · · · · · · · · · | (City) , Florida (Zip Code) |
| New Registered Agent's Signature, if clift hereby accept the appointment as regist | ered agent. I fin familiar | nt: r with and accept the obligations of the position= 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.

| X Change | <u>PT</u> <u>John</u> | Doe | |
|----------------------------|-----------------------|-----------------|-------------------------|
| X Remove | <u>V</u> <u>Mike</u> | <u> Jones</u> | |
| X Add | SV Sally | <u>Smith</u> | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | Lego, Kimberlee | 716 Spring Haven Dr |
| Add | | | Saint Johns, FL 32259 |
| X Remove | | | |
| 2) X Change | P | Lego, David | 122 North State Road 13 |
| Add | | | Saint Johns, FL 32259 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | | |
|--|--|--|
| Please remove Kimberlee Lego as President of Lego Insurance Inc. | | |
| Please change David Lego from Vice President to President of Lego Insurance Inc | | |
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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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| The date of each amendment(s) adoption: | , if other than the |
|---|---|
| date this document was signed. | |
| Effective date if applicable: | |
| (no more than 90 days after amendment f | île date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records. | irements, this date will not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval. | the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The f must be separately provided for each voting group entitled to vote separately on the am | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required. | n and shareholder |
| The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required. | d shareholder |
| Dated February 23, 2018 Signature Law | |
| (By a director, president on other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary) | |
| David Lego | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |