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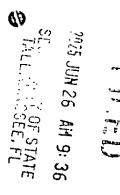
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION CROSSWAY INSU	JRANCE AGENCY AND A	ACCOUNTING, INC.	
DOCUMENT NUM	BER: P15000081670			
	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	Jacques Chery			
	Name of Contact Person			
		Firm/ Company		
	9380 NW 43rd Street			
	Address			
	Sunrise Florida 33351			
		City/ State and Zip Code	0	
	Jehery2000@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call:		
Jacques Chery		at (274-5769	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depo	artment of State:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CROSSWAY INSURA	ICE AGENCY AND	ACCOUNTING	INC

CROSSWAY INSURANCE AGENCY	AND ACCOONTING, IN			
(<u>Name</u>	of Corporation as curren	ntly filed with the Florida Dept. of State)		
P15000081670				
	(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) t		
A. If amending name, enter the new n	ame of the corporation:			
Crossway Insurance Agency, Inc.		The new		
	Corp, " "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:		7481 W Oakland Park Blvd Ste 202		
(Principal office address MUST BE A.S.		Lauderhill, FL 33319		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		9380 NW 43rd Street		
		Sunrise, FL 33351		
D. If amending the registered agent at new registered agent and/or the ne		dress in Florida, enter the name of the		
Name of New Registered Agent	JACQUES CHERY			
name of new negatierea ngeta	9380 NW 43rd Street			
	tFlorida s	street address)		
New Registered Office Address:	SUNRISE	. Florida 3335		
		(City) (Zip Gode) 23		
New Registered Agent's Signature, if c		<u>nti</u> 2		
t hereby accept the appointment as regis	tered agent. I am familia	wan and accept the obligations of the position,		
•	Joh	AH 9: 3 SEE, FL		
	Signature of New	Registered Agent, if changing		

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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>	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			
Add			
Remove			
2) Change			
Add			
Remove 3 1 Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	f necessary), $-tB$, enter change(s) l le specific)			
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			n. or cancellation	of issued shares.	
f an amendment provide	es for an exchang	e. reciassification			
f an amendment provide provisions for implemen	es for an exchang sting the amendn	<u>e, reclassification</u> rent if not contair	ned in the ameno	lment itself:	
f an amendment provide provisions for implemen (if not applicable, inc	nting the amendn	nent if not contain	ned in the amend	lment itself:	
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provisions for implemen	nting the amendn	nent if not contain	ned in the amend	lment itself:	
f an amendment provide provisions for implement (if not applicable, inc	nting the amendn	nent if not contain	ned in the amend	lment itself:	

. .

The date of each amendment(s) adopti date this document was signed.	on:	, if other than the
Effective date if applicable:		
Effective date <u>if applicative</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this danent of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action	on and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(ent for approval.	s)
	d by the shareholders through voting groups. The following stateme voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval	
by JAcques	(voting group)	
(By a director selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other courduciary by that fiduciary)	<u> </u>
	TACQUES CHERY (Typed or printed name of person signing)	
	Pro sident (Title of person signing)) इहि. हिं
	,	JUN 26 AM 9: 36