## P16000041158

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AVALONS INSURANCE INC					
$\frac{1}{2}$					
The enclosed Articles of Amendment and fee are submitted for filing.					
to the following:					
AU ALOW - MCLEOD					
AUNI OURS TRUSHIR AWCE IN C					
Please return all correspondence concerning this matter to the following.  AU ALOW - MCLEOD  Name of Contact Person  AV ALOWS INSVIR AWCE IW C  Firm/ Company  LOI NW LOB + ex Peub io K & Dines  FL 33.026 Address					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (754) 257 - 2730  Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status Certificate of Status Certificate Opy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					

## Articles of Amendment to Articles of Incorporation

of

AVALON'S Insurance (Name of Corporation as currently	Inc	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P160000	7-1158	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corporation:	4	
ANALOW PLANNING	GCORP	The new
name must be distinguishable and contain the word "corporation," "contine," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	someone for incornorated of the abbies	iation "Corp.," ntain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	M) A	
		20 <i>5</i>
		202h AUG
C. Enter new mailing address, if applicable:	NIA	ි. පි
(Mailing address MAY BE A POST OFFICE BOX)		-1
		= 2
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	ress in Florida, enter the name of the s:	02
	N 1 A	
Name of New Registered Agent		
(Florida sv	reet address)	
	N/ H . Florida_	
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the posi-	tion.
	N   VA Registered Agent, if changing	<u>-</u>
Signature of New I	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)

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 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
I) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add		1////	
Remove		V ~ \ \	
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional A	Articles, enter change(s) here:
(Attach additional sheets, if necessary	у). (ве ѕресінс)
	NIA
	[V   P)
F. If an amondment provides for an a	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the a	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	. 1.0
	NA
	V
	- ·

The date of each amendment(s) ado	option: O 8	03/2020	, if other than the
date this document was signed.	· · · · · · · · · · · · · · · · · · ·		
Effective date if applicable:	08/03/2	020	
	(no more than 90	days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.		able statutory filing requirements, this de	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or bo	oard of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The sicient for approval.	number of votes east for the amendment	(s)
		ugh voting groups. The following statem ote separately on the amendment(s):	ent
"The number of votes cast fo	or the amendment(s) was/were	e sufficient for approval	
by	(voting group)	·"	
	(voting group)		
Dated	8/03/202	<u>- 0</u>	
Signature	THE TOPE		<del></del>
selected,		er – if directors or officers have not been hands of a receiver, trustee, or other cou	rt
_	AVO	HOW-mcLeog	<u>/</u>
		ame of person signing)	
_	Pue	sigent	
	(Title of person sign	ning)	