P160000 78933

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DEC 2 1 2016



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: SAST COAST INSURANCE SOLUTION'S GROUD DOCUMENT NUMBER: P16000078933 INC.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PERSON JENBROECK Name of Contact Person EAST LOCAST LOCAPANO SOLUTIONS GROUP HOC Firm/ Company Address 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:
THERESA JENBAOCCK at (S6) 703.3727 Name of Contact Person 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

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Articles of Incorpor	ration
SASI COAST J-RSURINGE C	MUNDER CORDUP IN
(Name of Corporation as currently file	710/70/9 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	70 78933
(Document Number of Corp	
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Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florida	da Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	•
•	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX)	SECRETARY OF LANASSEE. F
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address; Nume of New Registered Agent	
200 KNUP-1-20 S	SHE 2340
New Registered Office Address: 90 (Florida street address: (City)	STACH Florida 3313 (2) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an	nd accept the obligations of the position.
Signatury of New Register	eved Apent 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.

	ve, ana sa	nty Smith, SV as an Aaa.	
Example: 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) 1) Change Add Remove	Title	Name THERESA TENBROECK	Address 200 KNUTHRO, Ste 238A BOYNTON BSACH, FL 33436
2) Change Add	 		
Add			
3) Change			
Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
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	(Be specific)	
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If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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f an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adoption:	19/16	, if other than the
Effective date if applicable:	re than 90 days after amendment file	dual
ino mo	re than 30 days after amenament file	aute)
Note: If the date inserted in this block does not meet to document's effective date on the Department of State's re-		ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK Of	₹E)	
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	lers. The number of votes cast for the	e amendment(s)
The amendment(s) was/were approved by the shareho nust be separately provided for each voting group en		
"The number of votes cast for the amendment(s)	was/were sufficient for approval	
by	11	
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The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the incorpora action was not required.	tors without shareholder action and s	shareholder
Dated 12 9/14	····	
Signature / Lhenesa	You Brock	_
	ther officer - if directors or officers	have not been
selected, by an incorporator	– if in the hands of a receiver, trustee	
appointed fiduciary by that f	iduciary)	•
- Jan	Etresa Jan	docal
(Typed or	printed name of person signing)	
	Secretary	<u> </u>
	(Title of person signing)	