

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000291159 3)))



H190002911593ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.
Account Number : I20090000078
Phone : (561) 801-7312
Fax Number : (561) 515-3904

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

Email Address: PKraskerc@kraskerlaw.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
D.B. SMITH CONSULTING INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06 789
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H190002911593 (FAX)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: D.B. SMITH CONSULTING INC.

DOCUMENT NUMBER: P17000017083

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL A. KRASKER, ESQ.

Name of Contact Person

THE LAW OFFICE OF PAUL A. KRASKER, P.A.

Firm/ Company

1615 FORUM PLACE, 5TH FLOOR

Address

WEST PALM BEACH, FL 33401

City/ State and Zip Code

PKRASKER@KRASKERLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA M. SNOWDEN

at (561) 515-4722

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

☐ \$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)

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

H190002911593



October 7, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

D.B. SMITH CONSULTING INC.
936 EUCALYPTUS RD.
NORTH PALM BEACH, FL 33408US

SUBJECT: D.B. SMITH CONSULTING INC.
REF: P17000017083

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

You must list the name of the corporation as currently filed with our office on page 1.

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

Claretha Golden
Regulatory Specialist II

FAX Aud. #: H19000291159
Letter Number: 019A00020514

RECEIVED
2019 OCT -7 PM 4:30
corrected



October 3, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

D.B. SMITH CONSULTING INC.
936 EUCALYPTUS RD.
NORTH PALM BEACH, FL 33408US

SUBJECT: D.B. SMITH CONSULTING INC.
REF: P17000017083

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

X You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

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

Claretha Golden
Regulatory Specialist II

FAX Aud. #: H19000291159
Letter Number: 719A00020375

*Please review - R. A. signed
yesterday.
Thank you.*



October 2, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

D.B. SMITH CONSULTING INC.
936 EUCALYPTUS RD.
NORTH PALM BEACH, FL 33408US

SUBJECT: D.B. SMITH CONSULTING INC.
REF: P17000017083

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

The current name of the entity is as referenced above. Please correct your document accordingly.

An individual must sign on behalf of the business entity you have designated as the registered agent.

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

Claretha Golden
Regulatory Specialist II

FAX Aud. #: H19000291159
Letter Number: 019A00020255

See
Signature

H190002911593

Articles of Amendment
to
Articles of Incorporation
of

2019 OCT -7 AM

D.B. Smith Consulting Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000017083

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

TWIN PALMS INSURANCE GROUP, INC.

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

1615 FORUM PLACE

5TH FLOOR

WEST PALM BEACH, FL 33401

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1615 FORUM PLACE

5TH FLOOR

WEST PALM BEACH, FL 33401

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

THE LAW OFFICE OF PAUL A. KRASKER, P.A.

1615 FORUM PLACE, 5TH FLOOR

(Florida street address)

New Registered Office Address:

WEST PALM BEACH

(City)

Florida 33401

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

H190002911593

4190002911593

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, 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; Cl = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	P	BRANDON M. SMITH	1615 FORUM PLACE
<u> </u> Add			5TH FLOOR
<u> </u> Remove			WEST PALM BEACH, FL 3340
2) <u>X</u> Change	VP	DAVID M. SMITH	1615 FORUM PLACE
<u> </u> Add			5TH FLOOR
<u> </u> Remove			WEST PALM BEACH, FL 3340
3) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

4190002911593

4190002911593

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

[illegible]

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)

[illegible]

4140002911593

M190002911593 (FAX)

The date of each amendment(s) adoption: _____, if other
date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"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 and shareholder action was not required.

- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9/30/2019

Signature David M. Smith
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

David M. Smith
(Typed or printed name of person signing)

Vice President
(Title of person signing)

M190002911593