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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Floyd Mag Wood Irsylance agency Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Floyd Mag Wood Jr.  Name of Contact Person
Name of Contact Person
Name of Contact Person  Floyd Mag Wood Insulance agency Inc.  Firm/Company
Firm/ Company
6/9/VP/13/ lev
Address
0(a/a, FL, 34470
City/ State and Zip Code
Floyd namy Dama, 1, Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Floyd Mag Wood at 352 598-1201 Formal 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 (Additional Copy is enclosed)

## **Mailing Address**

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TO: Amendment Section

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

is enclosed)

## Articles of Amendment

to

Articles of Inc	orporation	
Floyd Mag Wood Insura (Name of Corporation as currently	nce Agency	Inc
Name of Corporation as currently	y filed with the Florida Departi State	Ð
	Corporation (if known)	
·	•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:    Foy C   Mag wood The Second name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "oword "chartered," "professional association," or the abbreviation "	Co". A professional corporation nan	The new or the abbreviation ne must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-1V/-17	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	17 A) 6 10 10 10 10 10 10 10 10 10 10 10 10 10
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		P 7 7 0 0
12/1	<u>.</u>	F 25
Name of New Registered Agent		<u> </u>
(Florida stro New Registered Office Address:	, Florida	· · · · · · · · · · · · · · · · · · ·
	(City)	(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

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
l) Change		<u>////</u>	
Add			
Remove		N//D	
2) Change			
Add		<i>)</i>	
Remove		N/A	
3) Change			
Add			
Remove		1/1	
4) Change		_ <u>///</u> H	
Add			
Remove		1//1	
5) Change		- /V/ YT	<del></del>
Add		,	
Rеточе		1/11	
6) Change	<del> </del>	$-\frac{1\sqrt{I^{\gamma}}}{I^{\gamma}}$	
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
4
1/1 The amendment is for
Mame changes Also the phopose
Mame changes Also the purpose Isn't for an insurance business at this
1 1 -
t, me.
·
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)
1/1/4

The date of each amendment(s) adoption: // GML (Mangle date this document was signed.	, if other than the
Effective date if applicable: 08/12/2017	
(no more than 90 days after amendment file date)	<u></u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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	
$\mathcal{L}$	
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 08/12/2017	
Signature	_
(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)	
Floyd Lee Magwood JR.	
(Typed or printed name of person signing)	
Diesident	<u></u>
(Title of person signing)	