## P170000 56319

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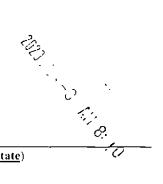
SEP 22 2020 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ROYAL INSURA:	NCE OF FLORIDA CORP	<del></del>
DOCUMENT NUME		· · · · · · · · · · · · · · · · · · ·	<del></del>
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Barbara J Gonzalez		
		Name of Contact Persor	1
	Royal Insurance of Florida Co	orp	
,		Firm/ Company	
	7250 West 24th Ave Ste 4		
		Address	
	Hialeah, Florida 33016		
		City/ State and Zip Code	
	royalinsurancecorp@gmail.ec	om	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
BARBARA J GONZA	LEZ	at ( <u>305</u>	834-8262
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee d. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of



## ROYAL INSURANCE OF FLORIDA CORP

( <u>Name</u>	of Corporation as currer	atly filed with the Florida Dept. of State)
P17000056319		
	(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) to
A. If amending name, enter the new n	ame of the corporation:	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,	Corp," "Inc," or "Co",	The new "company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word ."
B. Enter new principal office address,	if applicable:	16521 NW 84 AVE
(Principal office address MUST BE A STREET ADDRESS)		MIAMI LAKES, FL 33016
		<del></del>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	er new mailing address, if applicable:  ling address MAY BE A POST OFFICE BOX)  16521 NW 84 AVE	
Grading dates MAT BE ATOST OFFICE BOX		MIAMI LAKES, FL 33016
D. If amending the registered agent an new registered agent and/or the ne	w registered office addre	
Name of New Registered Agent	Name of New Registered Agent BARBARA J GONZALEZ	EZ
	16521 NW 84 AVE	
	(Florida :	street address)
New Registered Office Address:	MIAMI LAKES	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis		nt: r with and accept the obligations of the position.
	Signature of New	Registered Agent, if changing
	Signature by New	regional agent, if enunging

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>b.L</u>	John Doe	
X Remove	$\underline{\mathbf{y}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>р</u>	BARBARA J GONZALEZ	16521 NW 84 AVE
Add		<del></del>	MIAMI LAKES, FL 33016
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			-
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>famending or adding additional Ar</u> Attach additional sheets, if necessary).	. (Be specific)
	<del></del>
<del></del>	
······································	
f an amandment provides for an axe	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	tending in the contained in the uncomment tisets.
	<u> </u>
<del>-</del>	

	ich amendment(s) adoptionent was signed.	ion: 07 20	2020	if other than th
	if applicable:	07 20 2020 (no more than 90 days	after amendment file date)	
Note: If the o	ate inserted in this block of fective date on the Departn	does not meet the applicable st	tatutory filing requirements, this date	e will not be listed as the
Adoption of a	mendment(s)	(CHECK ONE)		
The amend action was	ment(s) was/were adopted not required.	by the incorporators, or board of	of directors without shareholder actio	n and shareholder
	ment(s) was/were adopted eholders was/were sufficie		per of votes cast for the amendment(s	)
☐ The amend must be se	nent(s) was/were approved parately provided for each	d by the shareholders through voting group entitled to vote se	oting groups. The following statement parately on the amendment(s):	rt
"The		ne amendment(s) was/were suffi	icient for approval	
bу <u>_</u>	Harbara	(voting group)	·"	
	Dated	0/2020		
	Signature	( Childa)		
	anguardic	or, president or other officer - if	directors or officers have not been	
	(By a directo		s of a receiver, trustee, or other court	
	selected, by a	an incorporator – it in the hand: ductary by that fiductary)		
	selected, by a	an incorporator – if in the hands ductary by that fiduciary)	ira Consolo.	