## 717000 62035

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DAYTONA SUN	COAST TITLE INSURAN	CE, INC.,
DOCUMENT NUMB	ER:		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	ROBIN SHEDD		
-		Name of Contact Person	1
	DAYTONA SUNCOAST TI	TLE INSURANCE, INC.,	
-		Firm/ Company	
	3867 NOVA ROAD		
-	<del></del> -	Address	
	PORT ORANGE, FL 32127		
-		City/ State and Zip Code	<del></del> e
RSHE	DD.SUNCOAST@GMAIL.	СОМ	
	•	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	,
ROBIN SHEDD		at ( 321	230-0623
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	•	of	
DAYTONA SUNCOAST TITLE INSU	RANCE, INC.		
	of Corporation as curren	ntly filed with the Florida Dept. of	State)
P17000062038			
	(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 con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation	The new d" or the abbreviation name must contain the
B. Enter new principal office address, if applicable:		3867 NOVA ROAD	
(Principal office address <u>MUST BE A S</u>		PORT ORANGE, FL 32127	,
			<b>游荡</b>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3867 NOVA ROAD	
		PORT ORANGE, FL 32127	2:
D. If amending the registered agent an new registered agent and/or the ne			<u>the</u>
Name of New Registered Agent  HEIDI LYNN SIROIS-COWOSKI			
	3867 NOVA ROAD		
	(Florida s	street address)	<del></del>
New Registered Office Address:	PORT ORANGE	, Flor	rida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Ager ered agent. I am familian	nt: - with and accept the obligations of the	he position.
		Cu /	
	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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	ROBIN SHEDD	144 HUCKLEBERRY BRANCH
Add			DAYTONA BEACH, FL
Remove			32124
2) Change	VP	HEIDI LYNN SIROIS-COWOSKI	294 RIVERBEND ROAD
X Add			ORMOND BEACH, FL
Remove			32174
3 ) Change			
Add			
Remove			
4) Change			
Add		<del></del> _	
Remove			
5) Change			
Add			
Remove			
0 0			
6) Change			
Add			
Remove			

	(Be specific)	
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,		
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an amandment provides for an aval	ange veelessification or several	ation of insued above
provisions for implementing the ame	ange, reclassification, or cancell	ation of issued shares, mendment itself:
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancell ndment if not contained in the a	ation of issued shares, mendment itself:
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provisions for implementing the ame	ndment if not contained in the a	ation of issued shares, mendment itself:

	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill 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	
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	
Signature Sulda	
(By a director, president or other officer - if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ROBIN SHEDD	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>