P17000070098

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TO: Amendment Section

Division of Corporations .

NAME OF CORPO	ORATION: E&G INSURANC	E CORP	
DOCUMENT NUM	1BER: P17000070098		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	ESTRELLA GUERRA		
		Name of Contact Per	son
	E&G INSURANCE CORP		
		Firm/ Company	
	12780 SW 20 TERRACE		
		Address	
	MIAMI, FL 331758		
		City/ State and Zip C	ode
	EGINSURANCECORP@GM	AAIL.COM	
	E-mail address: (to be us	sed for future annual rep	ort notification)
For further informat	ion concerning this matter, pleas	se call:	
ESTRELLA GUERRA		786	
Nam	e of Contact Person	Area	Code & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida D	epartment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Am Divi The	eet Address endment Section ision of Corporations • Centre of Tallahassee 5 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

	to Articles of Incorporation
	of
E&G INSURANCE CO	DRP
	(Name of Corporation as currently filed with the Florida Dept. of State
P17000070098	
	(Document Number of Corporation (if known)
Pursuant to the provisic its Articles of Incorpora	ons of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fation:
A. If amending name.	enter the new name of the corporation:
nama mant ha distinguis	Souble and contain the word "cornection" "company " or "incornected" or the abl

	ne of the corporation:		The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Co. "chartered," "professional association," o	rp," "Inc," or "Co". A	mpany," or "incorporate professional corporation	d" or the abbreviation "Corp.," name must contain the word
3. <u>Enter new principal office address, if</u> Principal office address <u>MUST BE A STI</u>		4545 NW 7TH ST SUI	TE 10 MIAML FL 33126
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12780 SW 20 TERRACE MIAMI, FL 33175	
). If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the i	name of the

Name of New Registered Agent _			
Name of New Registered Agent	(Florida stree	(address)	
	(Florida stree 545 NW 7TH ST, MIAMI	t address)	, Florida

Signature of New Registered Agent, if changing

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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	GIANNI GARCIA	12780 SW 20 TERRACE
X Add			MIAMI, FL 33175
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific) 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)	
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(if not applicable, indicate N/A)	

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The date of each amendment(s	adoption:	, if other than the
date this document was signed. I Effective date if applicable:	0/09/2020	
snective date <u>ir applicatie</u> .	(no more than 90 days after amendment file dat	(c)
Note: If the date inserted in thi focument's effective date on the	s block does not meet the applicable statutory filing requireme Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	ndopted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	idopted by the shareholders. The number of votes cast for the a sufficient for approval.	mendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendm	
"The number of votes of	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	o/o g / 2020 director, president or other officer – if directors or officers have	e not been
selec	eted, by an incorporator – if in the hands of a receiver, trustee, or sinted fiduciary by that fiduciary)	
	ESTRELLA GUERRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	