## Photonosal

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. (City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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(Docur	ment Number)	
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TO AUG 23 AN 8:55
SECRETARY OF STATE
TALLAHASSEE, PLORIDA

MECHINED

MIL AUG 23 PM 4: 01

SESSION SEPTIMENTS

AUG 2 4 2017 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Waveling Insurance	e Services, Inc.	
	BER: P17000070326		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Kirsten H. Matthis		
		Name of Contact Person	1
	Meenan, P.A.		
		Firm/ Company	
	P.O. Box 11247	•	
		Address	
	Tallahassee, FL 32302		
		City/ State and Zip Code	e
kirst	en@meenanlawfirm.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Kirsten H. Matthis		850 at (	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	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)
An Div P.C	tilling Address tendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

to

waveling insurance services, inc.			
(Name o	of Corporation as currently	filed with the Florida Dept, of State	
P17000070326			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the fo	ollowing amendment(s
A. If amending name, enter the new na	me of the corporation:		
Not Applicable			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional corporation name	the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		Not Applicable	
<u> </u>	/		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SE CAR
			16 23 MA
D. If amending the registered agent an			0.00
new registered agent and/or the new	Not Applicable		: 55 RDA
	(Florida stre	et address)	
New Registered Office Address:		. Florida	
	(	(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligations of the po	sition.
		•	
	Signature of New Ri	egistered Agent if changing	<del></del>

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.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	encs	
X Add	<u>sv</u>	Sally Sr	ոյւի	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	D		Prasanna Sankaranarayanan	500 Westover Drive #11109
X Add				Sanford, NC 27330
Remove				
2) Change		_		
Add				
Remove				
3) Change		<del></del>		-
Add				
Remove				
4) Change	<del></del>			
Add				
Remove				
5) Change				
Add		<b></b>		
Remove				
_ <del></del>			·	
6) Change		<u> </u>		
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
Not Applicable	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exchange provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	and the second state of the same and the second sec
Not Applicable	

The date of each amendment(s) adoption:, if o	ther than the
date this document was signed.	
Not Applicable	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 30 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	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)	
<ul> <li>The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> </ul>	
08/23/2017 Dated	
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)	
Prasanna Sankaranarayanan	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	