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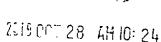
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR.	ATION: INSURANCE PRI	NCIPAL PROGRAM INC	
DOCUMENT NUMBI	D. TODOOOL 101		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
ĺ	EDGARDO D LAMBERT		
_		Name of Contact Person	1
		,	
-		Firm/ Company	****
<u>:</u>	3041 31ST PL SW		
-	 -	Address	
ì	NAPLES, FL 34116		
-		City/ State and Zip Cod	2
	open matrocal (111 COM		
DLAN	IBERT2H@GMAIL.COM	sed for future annual report	
	n-mail address: (to be u-	sed for future annual repor-	manicanon)
For further information	concerning this matter, pleas	se call:	
EDGARDO D LAMBERT		at (321-1852
Name of Contact Person		at (239) 321-1852 Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



INSURANCE PRINCIPAL PROGRAM INC (Name of Corporation as currently filed with the Florida Dept. of State) P17000081391 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: PLAZA INSURANCE PROGRAM INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST_BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent; Thereby 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change				
Add				
Remove		,		
2) Change				
Add				
Remove				
3 Change				
Add				
Remove				
41 Change				
Add				
Remove				
5) Change				
Add				
Remove				
δ1 Change				
Add		· · · · · · · · · · · · · · · · · · ·		
Kemove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
	•		
			
an amendment provides for an exch	nange reclassification, or	cancellation of issued sha	res.
provisions for implementing the ame	ndment if not contained in	the amendment itself:	
(if not applicable, indicate N/A)			
	1-1		

The date of each amendment(s) ado	ption:, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	,
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.
☐ The amendment(s) was/were appromist be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	·,·
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder
10/22/2019 Dated	1) Pambert
(By a fair selected.	ction, president on other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
F	EDGARDO D LAMBERT
-	(Typed or printed name of person signing)
ŀ	RESIDENT
-	(Title of person signing)