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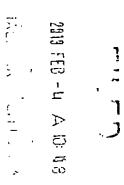
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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corpo	<u> </u>			
NAME OF CORPOR	B17000	Witt Agency, 084675	Inc	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
-		Name of Contact Person		
-	P.O. BC	Firm/ Company Address	3.	2819
	Wabag Dal E-mail address: (to be us	City/ State and Zip Code City/ State and Zip Code Cod Cod Cod Cod Cod Cod Code Cod Co	70 from sf.	Com
For further information	concerning this matter, pleas	se call:	•	
Jacob Name of	Contact Person	at (773) Area Code & Dayt	500 500 ime Telephone Number	53
Enclosed is a check for	the following amount made	payable to the Florida Department of	State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy Certifi (Additional copy is Certifienclosed) (Additional Copy is Certifience)	0 Filing Fee icate of Status ied Copy tional Copy	
Amer Divis	ng Address Idment Section ion of Corporations Box 6327	Street Address Amendment Secti Division of Corpo Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)
PIZANON	24675
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Jacob With Insurance Age name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	" "company," or "incorporated" or the abbreviation O". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A FEE
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	ss in Florida, enter the name of the
New Registered Office Address: (C	raddress), Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	vistered 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	$\left(\left(\cdot \right) \right) $	/ / 	
X Add	<u>sv</u>	Sally Smith	1 0 7	, (
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change	_				
Add					
Remove					 -
2) Change					
Add					2119
Remove					
3)Change					1
Add					
Remove					<u> </u>
. 4) Change					on
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		-	 		
Add					
Remove					

If amending or adding additional Articles, enter cha Attach additional sheets, if necessary). (Be specific)	$\Lambda I / \Lambda$	
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		2019
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		5
f an amendment provides for an exchange, reclassif	Section or concellation of issued shows	- 45 - 45 - 60
provisions for implementing the amendment if not o	contained in the amendment itself	; &
(if not applicable, indicate N/A)	11/4	
	10.7.	
		 .

The date of each amendment(s) adoption:date this document was signed.	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will indocument's effective date on the Department of State's records.	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.	n.a
Dated 01/31/2019	2019 F
Signature Wall	FEB -1
(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)	ر ج خ
Jacob Witt	80 11 12
(Typed or printed name of person signing)	
President	
(Title of person signing)	