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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Independent Insurance Consultant Document Number: P180000 25884
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MATTHEN POINTER Name of Contact Person INTERPORTED TOOK RA #378
Address Ft CUIDAN DE FL 3,3309 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matheway Panzon at (454) Holday & Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee

Mailing Address

TO: Amendment Section

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	
Independent mouran	ce Consultanto un
(Name of Corporation as currently	filed with the Florida Dept. of State)
- P18000039	884 884
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
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 "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	145TW CHOMOS ARAK RA
(Principal office address MUST BE A STREET ADDRESS)	0 110 700
	<u> </u>
	F+Ldle FL 33309
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	57
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	Sign Florida, enter the name of the
None of New Best and I have	SSS ASS
Name of New Registered Agent	
	
(Florida stree	et address) Si Si Si
New Registered Office Address:	Florida D
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Re	gistered 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	PT	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Si	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s .
l) X Change	P	_	matthew Panzer	1451 W. Cyprass Creek Rd
Add				Suite 378
Remove				Ft Ldlc FL 33309
2) Khange	NP	_	Larry Dearman	1457 W. Cyprass Crock PC
Add				Spite 5/8
Remove				FELDIC FL 33309
3) Change		_		
Add				
Remove				
4) Change		_		75% 77
Add				ORDE SE
Remove				
5) Change				
Add		-		
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary). (Be specific)		
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an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	<u></u>	РΗ
(if not applicable, indicate N/A)	107 118	<u>5</u>
	STATE	5: 5 0
	<u></u>	<u> </u>
	<u> </u>	

The date of each amendment(s) adoption: OS 1000	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 30 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will need document's effective date on the Department of State's records.	ot 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 08-10-2019	19 AI
Signature Watthe (By a director, president or other officer – if directors or officers have not been	S 7
(By a director, president or other officer – if directors or officers have not been	9
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	⊋ <u>m</u>
appointed indictary by that indictary)	å D
(Typed or printed name of person signing)	6 0
(Title of person signing)	