## P1800031706

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800313078558

05/10/18--01013--010 \*\*35.00

## WAY 10 P → 39

MAY 11 2018 T. LESSIEUX



## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Decker Insurance Solutions Corp
DOCUMENT NUMBER: \$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Douglas Decker  Name of Contact Person  Decker Insurance Solutions Corp  Firm/ Company
Firm/ Company
9629 Choton Corners De Address
JAX FL 32222 City/ State and Zip Code
City/ State and Zip Code
E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Douglas Decker at (904) 239-7216  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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Decker Insu (Name of C	CAPEC SOLUTIONS CO	the Florida Dent. of State)	
P18000031701		ine Tiorida Dept. or State)	
11000031701	(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Prof</i>	it Corporation adopts the following an	mendment(s) t
A. If amending name, enter the new name	of the corporation:		
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	n "Corp," "Inc," or "Co". A proj	ny," or "incorporated" or the abbr	
B. Enter new principal office address, if an			
(Principal office address <u>MUST BE A STRE</u>	<u>EET ADDRESS</u> )		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)			
	T-1-100 Like Tu Call - Lake -		
D. If amending the registered agent and/or new registered agent and/or the new re		a, enter the name of the	
Name of New Registered Agent	The state of the s		
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Cod	'e)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		ppt the obligations of the position.	
			Ti
	Signature of New Registered Ago	***	

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Sec	Samantha Decker	9629 Choton Corners
Add			JAX FL 32222
Remove			
2) Change			
Add			-
Remove			
3) Change	<del></del>		<del>.</del>
Add			
Remove			
4) Change	<del> </del>		
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			<del> </del>
Add			
Remove			

	,				
		*			
					<del></del>
	<del>.</del>				<del> </del>
	· · · · · · · · · · · · · · · · · · ·				
				<del>.</del>	
an amendment provides for an exch provisions for implementing the ame	ange, reclassifica	tion, or cancella	tion of issued s	hares,	
(if not applicable, indicate N/A)	different if mot con	named in the an	ichament usen	•	
Service Activity					
	•				
				<del> </del>	<u> </u>
		M.W	· · · · · · · · · · · · · · · · · · ·		
Land Control of the C					

	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	date will 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 by the shareholders was/were sufficient for approval.	tt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 518118	
Signature Dough Deen	
(By a director, president or other officer - if directors or officers have not bee	
selected, by an incorporator — if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	ourt
appointed inductary by that inductary)	
Douglas Necker	
(Typed or printed name of person signing)	
President	
(Title of person signing)	***************************************