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SECRETARY OF STATE
TALL AND STORY OF STATE

R. WHITE JUN 0 4 2013

COVER LETTER

TO: Amendment Section Division of Corporations

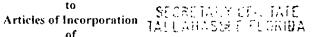
NAME OF CORPO	RATION: Richard Dugger In	surance, Inc.		
	BER: P18000033720			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Richard Dugger			
		Name of Contact Person	1	
	Richard Dugger Insurance, In	nc.		
	**	Firm/ Company		
	539 S 6th St			
		Address		
	Macclenny, FL 32063			
		City/ State and Zip Code	e -	
richa	ard.dugger@ffbic.com			
		sed for future annual report	notification)	
		·		
For further information	on concerning this matter, pleas	se call:		
Richard Dugger		at (904	408-1035	
Name of Contact Person Area Code & Daytime Tele		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio Clifton	Address ment Section on of Corporations Building	
Tal	lahassee, FL 32314	2661 Executive Center Circle		

Tallahassee. FL 32301

FILED

18 JUN - 1 AM 11: 15

Articles of Amendment to



Richard Dugger Insurance, Inc.	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P18000033720	
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ution:
NA	The new
	prporation," "company," or "incorporated" or the abbreviation ic," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. <u>If amending the registered agent and/or registered off</u> new registered agent and/or the new registered office	
Name of New Registered Agent NA	
$\overline{\mathscr{C}}$	lorida street address)
Name Desired and CATE of Address	771 - 11
New Registered Office Address:	, Florida
	•
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	d Agent: amiliar with and accept the obligations of the position.
Signature e	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 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_	NA	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
Article III Should be amended to read as follows			
LIMITED TO SELLING INSURANCE ONLY.			
			
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:			
(if not applicable, indicate N/A) NA			

The date of each amendment(date this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this does does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(re sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voung group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
05/29/	2018	
DatedSignature	Tirley Organ	
(By sel	or a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other compointed fiduciary by that fiduciary)	
	Richard Dugger	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	