P18000)3419a

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Shannon Johnson	Insurance Advisors Inc.	
	BER: P18000034192		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Shannon Johnson		
		Name of Contact Person	n
Shannon Johnson Insurance Advisors Inc			
		Firm/ Company	
	3450 Dunn Ave Ste 104		
		Address	
	Jacksonville, FI 32218		
	<u> </u>	City/ State and Zip Cod	e
• •	100 11	,	
sjonn ——	ison10@allstate.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Shannon Johnson		904 at (200-7276
Name	of Contact Person	Area Code & Daytime Telephone Nun	
Enclosed is a check fo	r 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building
Tallahassee, FL 32314		2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

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Articles of 1	Incorpo	ration
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Shannon Johnse	n In	Surance	Advisor	5.1nc
P18000034192	tion as currently	filed with the Florida	Dept. of State)	-) - /
(Docum	ment Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florid its Articles of Incorporation:	da Statutes, this F	lorida Profit Corporati	on adopts the following	owing amendment(s) to
A. If amending name, enter the new name of the co	corporation:			
				The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "C	`o". A professional co		
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>OX</u>)		TALL Alland	FILED
D. If amending the registered agent and/or registenew registered agent and/or the new registered		ss in Florida, enter th	i e name of the	3: 59 5-141 E LORIDA
, 				
Name of New Registered Agent				
-	(Florida stre	et address)		
New Registered Office Address:			, Florida	
	11	City)		(Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered agent.	I am familiar w	ith and accept the oblig	ations of the posit	ion.
Sigi	nature of New Re	gistered Agent, if chang	ging	

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 = Chairmon 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Joey Johnson	25 Jule Rd
Add			Macelenny, Fl 32063
X Remove			
2) Change	T	Norman I, Waldron	6121 Collins Rd Lot 65
Add			
X Remove			Jacksonville, FI 32244
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
		
		
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:	
(if not applicable, indicate N/A)	ngilleng it not contained in the amendment riser.	
		

	06/18/2018	
The date of each amendment(s) a	doption:	, if other than th
date this document was signed.	18/2018	
Effective date <u>if applicable</u> :	10/2010	
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statemen reach voting group entitled to vote separately on the amendment(s):	t
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.		
06/18/201 Dated	8	
Signature	SOPLS	
(By a constant)	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	Shannon Johnson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	· · ·

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