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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	AME OF CORPORATION: CHAMP INSURANCE GROUP INC.				
DOCUMENT NUMBER: P1800	00036215				
The enclosed Articles of Amendme	ent and fee are submitted for filing.				
Please return all correspondence co	oncerning this matter to the following:				
	HEATHER E SPRAGUE				
	Name of Contact Person				
	CHAMP INSURANCE GROUP INC.				
	Firm/ Company				
	235 East Commercial Blvd Suite 204				
	Address				
	Lauderdale by the sea FI, 33308				
	City/ State and Zip Code				
E-mail	Michael@leadfoundations.com address: (to be used for future annual report notification)				
For further information concerning	this matter, please call:				
HEATHER E SPRAGU	Eat (570) _768-9112				
Name of Contact Po					
Enclosed is a check for the followi	ng amount made payable to the Florida Department of State:				
	25 Filing Fee & Status				
Mailing Addres					
Amendment Section 1911 in the section 1911 in					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Champ IN	Surar	CC GO)L	IDINC	•	
(Name of Corpora	tion as currently	filed with the Florida	Dept. of State)		
P18000036215					
(Docu	ument Number of C	Corporation (if known)	-	,	***
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	ida Statutes, this F	lorida Profit Corporati	on adopts the foll	owing amen	dment(s) to
A. If amending name, enter the new name of the	corporation:				
				The	new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp, " "Inc," or "C	o". A professional co	corporated" or t rporation name n	he abbrevia nust contain	tion the
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD)					
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>80X</u>)		ZU XE	2018 AUG -9	— —
D. If amending the registered agent and/or regist- new registered agent and/or the new registered		ss in Florida, enter the	name of the	PH 2: 50	_D
Name of New Registered Agent		. ,			
	(Florida stree	i address)			
New Registered Office Address:		·	, Florida		_
	(0	Zity)		(Zip Code)	
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.		th and accept the oblig	ations of the posit	ion.	
Sig	gnature of New Res	gistered Agent, if chang	ing		

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: XChange	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)*_ Change	P 	HEATHER E SPRAGUE	235 E COMMERCIAL BLVD
Add			LAUD. BY THE SEA
Remove			FL 33308
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).		
EATHER E SPRAGUE IS TO BE	CHANGER FROM VP TO P	
		
-		
		
in amendment provides for an excl	iange, reclassification, or cancellation of issued shares	<u>i.</u>
	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
<u> </u>		

The date of each amendment(s) adoption:	08-06-18	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
((no more than 90 days after amendmen	it file date)
Note: If the date inserted in this block does not document's effective date on the Department of States		quirements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for app		or the amendment(s)
☐ The amendment(s) was/were approved by the si must be separately provided for each voting gr		
"The number of votes cast for the amendr	ment(s) was/were sufficient for approva	ıl
by		_,"
(votinș	g group)	
☐ The amendment(s) was/were adopted by the boaction was not required.	oard of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action	and shareholder
Dated08-06-2018		
Signature TOO	De Sorane	<u> </u>
	ent or other office - if directors or offi	
selected, by an incorp appointed fiduciary by	orator – if in the hands of a receiver, tr y that fiduciary)	ustee, or other court
	HEATHER E SPRAGUE	
(Ty	yped or printed name of person signing)
	President	
	(Title of person signing)	

the