P1800041070

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SECRETARY OF STATE

C. GOLDEN SEP 21 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: FIRST PRIORITY	INSURANCE GROUP IN	NC
DOCUMENT NUMBER:	P18000041070		<u> </u>
The enclosed Articles of An	nendment and fee are su	bmitted for filing.	
Please return all correspond	ence concerning this ma	tter to the following:	
DIA	NA M RIOS		
		Name of Contact Person	n
		Firm/ Company	
2350	W 84 ST., UNIT 9		
HIAI	LEAH, FL 33016	Address	
	•	City/ State and Zip Cod	e
firstpriority	ins@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information cond	cerning this matter, pleas	se call:	
DIANA M RIOS		at (549-4210 de & Daytime Telephone Number
Name of Cor	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the f	following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Division o P.O. Box	ent Section of Corporations	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED 2018 SEP 19 AM 11: 41

PIRST PRIORITY INSURANCE GROU	JP INC		
(<u>Name (</u>	of Corporation as currently	filed with the Florida De	pt. of State PARY OF STAT
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this Fi	lorida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corpo	
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
(Mutting aguress MAT BE A POST)	OFFICE BOX		
			<u> </u>
D. If amending the registered agent an		ss in Florida, enter the na	me of the
new registered agent and/or the nev	V registered office address: DIANA M RIOS		
Name of New Registered Agent	DIAMA M RIOS		
	(Florida stree	•	22/11/
New Registered Office Address:	2350 W 84 ST UNIT 9, HIA		_, Florida
	(C	Tity)	(Zip Code)
New Registered Agent's Signature, if cl	hanging Registered Agent:		
hereby accept the appointment as regist	ered agent. I am familiar wii	th and accept the obligatio	ns of the position.
	\bigcap	\bigcap	
(X)	Dicures H	大ら	
\(\lambda \)		zistered 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PT	DIANA M RIOS	2350 W 84 ST UNIT 9
X Add			HIALEAH FL 33016
Remove			
2) Change		SANDRA I RIOS	23714 SW 107 CT
Add			HOMESTEAD, FL 33032
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

riadi additional sheets, if necessary).	rticles, enter change(s) here:). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
· *··	
.	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	CHOMEN TO CONTAINE IN THE AMERICAN TOWN.
	

The date of each amendment(s) adoption:	
thective date it applicable: (no more than 90 days after	er amendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	story filing requirements, this 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 by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient	nt for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without slaction was not required.	hareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharel action was not required.	nolder action and shareholder
Dated 9-17-18	
Signature (By a director, president or other officer – if dir)
selected, by an incorporator – if in the hands of	
appointed fiduciary by that fiduciary)	
Diana M. R	ios
(Typed or printed name of po	erson signing)
President	
(Title of person s	signing)