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R. WHITE NOV 0 7 2018

2018 OCT 31 PM 4: 11
SECRETANY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	TATION: OLAM	INSURANCE	WHP		
DOCUMENT NUME	er: <u>P18</u>	000043611			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	NATHAU	1 WLAMAG Name of Contact Perso	2 <u>CO</u>		
	OLAM INSUZANCE CORP				
	4883 P61		APT #310		
	PALM BEACH E	ARDENS FL	33418		
	NEMMPB	City/ State and Zip Cod			
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
NATHAY (OVAMACO of Contact Person	at (<u>56 1</u>	628 - 9726 de & Daytime Telephone Number		
	the following amount made		•		
□ \$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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

OLAM INSURANCE CORP 2018 OCT 31 PM 4:11
(Name of Corporation as currently filed with the Florida DOB of State) 11. CT. T.
P1800043611 TALLAHASSEE, FL
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent NATHAY WAMARCO
4383 PEN BUVD APT # 310 (Florida street address)
New Registered Office Address: PAM BEACH EMDENS Florida 33418 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.
Signature of New Registered Agehl, 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.

Promotes	z, ana sa	цу <i>эт</i> ции, .	or us un Auu.	
Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	Y	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) X Change	PT	_	WATHAM WIAMARIO	4983 PGA BLUC PBG, FL 33413
Add				186 FL 33413
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

NIA		
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an amendm	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself:	
	dicable, indicate N/A)	
N/A		
N/N		
		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: UCTOCLIZ 25,2019 (no more than 90 days after amendment file date)	
(no more than 40 days after amenament 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 amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 00000225, 2018	
Signature (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

. . . .