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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
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(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
<u>.</u> .		

Office Use Only



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SECRETARY OF STATE

C. GOLDEN

JUL 1 9 2018

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	Safe Insurance Servicint Inc
DOCUMENT NUMBER:	V18000056208
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning to	this matter to the following:
	Sovy 70 fr R Name of Contact Person
B-:	Safe Insurance Services#2 Inc
	2868 5 Militarytrail
	West-Ralm Bch FL 33415
	City/ State and Zip Code  City 2 Ognail. Con to be used for future annual report notification)
For further information concerning this matte	r, please call:
RONS DAR Name of Contact Person	at ( SQL ) 317-1662  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fe Certificate of St	ce & S43.75 Filing Fee & S52.50 Filing Fee tatus Certified Copy (Additional copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section	Street Address Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

## Articles of Amendment to

Articles of Incorporation
of

O(1) \*\*\* O(2) \*\*\* O(2) \*\*\*\*

O(1) \*\*\* O(2) \*\*\*

O(2) \*\*\*

O(3) \*\*\*

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Allander PH &

Name of Corporation as currently filed with the Florida Dept. of State

(Document Number of Corporation (if known

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

		The nev
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc." or "Co". A professiona	"incorporated" or the abbreviation of the corporation name must contain the
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 MAY BE A POST OFFICE BO	<u></u> )	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		r the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zsp Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent,		bligations of the position.

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:	t, unu bui	is Sman, 37 as an Add.
X Change	<u>PT</u>	John Doe
X Remove	$\underline{\mathbf{V}}$	Mike Jones
X Add	<u>sv</u>	Sally Smith
Type of Action (Check One)  1) Change	<u>Title</u>	Marganta Correa 2808 S. Military trae West Palm Beach FL 33415
Add Remove		33415
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change Add	<del> ,</del>	
Remove		
5) Change		
Add		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Puase Change Marganta Correa to Secreta
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)

The date of each amendment(s) adoption:
Effective date if applicable:  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"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.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Bon's John
(Typed or printed name of person signing)
President
(Title of person signing)