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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Davino Agenc	y, Inc.	
DOCUMENT NUMI	BER: P18000090388		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Michael Davino		
		Name of Contact Person	1
	The Davino Agency, Inc.		
		Firm/ Company	
	6719 Chevy Way		
		Address	
	Tallahassee, FL 32317		
		City/ State and Zip Code	2
mdav	ino@wradvisors.com		/
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio Michael Davino	n concerning this matter, pleas	se call:at (	, 412-4588
Name	of Contact Person	at ( Area Co	) de & Daytime Telephone Number
	r 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)
Am Div P.O	ling Address endment Section Ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

## Articles of Amendment Articles of Incorporation

of

The Davino Agency, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P18000090388 (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: A. If amending name, enter the new name of the corporation; 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 ) æ 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 (Florida street address) New Registered Office Address: (City) 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 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.

Example: X Change	<u>T4</u>	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	CFO	Nicholas Brinson	1416 Frederick Dr.
X Add			Tallahassee, FL 32308
Remove			
2) Change	VP	Gary Parsons	2133 Trescott
X Add			Tallahassee, FL 32308
Remove			
3) Change		_	
Add			
Remove			
4) Change			<u> </u>
Add			• · · · · ·
Remove			
5) Change	···-···		
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

E. If amending or additional she	ets, if necessary).	(Be specific)				
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F. If an amendment pro- provisions for imple	ovides for an exch ementing the ame	iange, reclassifica ndment if not coa	ation, or cancella ntained in the an	ition of issued sn nendment itself:	iares,	
(if not applicable	e, indicate N/A)					
Shares are now: Michael	l Davino <b>50%,</b> Gar	y Parsons, 35%, i	Nicholas Brinson,	15%		
-	-	<del></del>				<del></del> -
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				····		

The date of each amendment(s) adoption	:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this nt of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendme for approval.	ent(s)
	by the shareholders through voting groups. The following state or ting 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 action was not required.	the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated		
selected, by an	president or other officer – if directors or officers have not be incorporator – if in the hands of a receiver, trustee, or other ciary by that fiduciary)	
Michae	el Davino	
	(Typed or printed name of person signing)	
Preside	ent	
	(Title of person signing)	