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COVER LETTER

TOB JAN 22 FH 4: 25 TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: _____ Matthew Davis Insurance Agency, Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Matthew Davis Name of Contact Person Matthew Davis Insurance Agency, Inc Firm/ Company 11650 NE 116th Street Address Archer, FL 32618 City/ State and Zip Code mattdavisfl@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352) 339-6165
Area Code & Daytime Telephone Number Matthew Davis Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □\$52.50 Filling Fee □\$43.75 Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation

	Articles of Am	endment	7.	
•	to Articles of Incor	poration		
	of			
Matthew Davis Insurance Agency, Inc			75. 6	,
(Name of C	Corporation as currently	filed with the Florida Dept.	of State)	
P1900000098			The state of the s	رحم
	(Document Number of C	Corporation (if known)	33.	''
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	96, Florida Statutes, this <i>Fl</i>	orida Profit Corporation add	pts the following amendment((\$) to
A. If amending name, enter the new name	of the corporation:	•		
N/A			The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "Ce	". A professional corporat	ated" or the abbreviation	
B. Enter new principal office address, if a (Principal office address MUST BE A STR)		N/A		
(Principal office address <u>S1031 BE A 31R</u>)	<u>ee l'address</u>)			
				
C. Enter new mailing address, if applical		N/A		
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)			
			_	
D. If amending the registered agent and/o		ss in Florida, enter the name	of the	
new registered agent and/or the new re				
Name of New Registered Agent N				
	(Florida stree	t address)	_	
New Registered O <u>tfice Address:</u>	'A		Florida	
the regime to the same and	(0	lity)	(Zip Code)	
New Registered Agent's Signature, if char		de and amount the obligations	of the position	
I hereby accept the appointment as registere	a agent i am jamutar wi	н ана ассері іне онізацать	of the position.	
	Signature of New Rey	gistered 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>PT</u>	John Doe	
X Remove	V	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		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Article III - The purpose for which this corporation is organized is limited to selling insurance only.
Article IV - The number of shares the corporation is authorized to issue is 1000.
Matthew C. Davis will be the sole shareholder.
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)
N/A

	(s) adoption:	, if other than the
date this document was signed. Effective date if applicable:	January 18, 2019	
Effective date in applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, thine Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following started for each voting group entitled to vote separately on the amendment(s):	dement
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	re adopted by the board of directors without shareholder action and sharel	nolder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholde	er
Janua Dated	ry 18, 2019	
S	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	Matthew C. Davis	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	