## P19000009165

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phon	e #)			
PICK-UP WAIT	MAIL			
(Business Entity Nar	me)			
(Document Number)				
Certified Copies Certificates	s of Status			
Special Instructions to Filing Officer:				

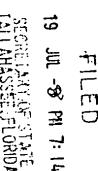
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JUL 1 7 2019 S. YOUNG



## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Blue Hill INSURANCE, INC. DOCUMENT NUMBER: 41900000 9165 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Hill Insurance, Inc. 7637 N. 56th Street 1Ampa, Florida 33617 City/State and Zip Code MAYAhill @ Ao L. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 914-0999 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43,75 Filing Fee & Certificate of Status ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Additional Copy is enclosed)

## Articles of Amendment to Articles of Incorporation

of

Blue Hill Insurance Inc.		
(Name of Corporation as currently f	filed with the Florida Dept. of State)	
<u>P19000009165</u>		
(Document Number of C	Forporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida</i> Statutes of Incorporation:	orida Profit Corporation adopts the following ame	ndment(s) to
A. If amending name, enter the new name of the corporation:		
Bright Beacon Insurance.	INC.	new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co word "chartered," "professional association." or the abbreviation "P.	o". A professional corporation name must contain	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N(A	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AHASSEE JORDA	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent  Name of New Registered Agent	ss in Florida, enter the name of the	
New Registered Office Address: N/A	. Florida	
· "	ʻity) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the position.	
N/A Signature of New Reg	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.

Mike Jones, V as Remove	v, and Sal	ty Smith, .	SV as an Add.	
Example: X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	N	1—		-
Add				<del></del>
Remove				
2) Change		_		
Add				
Remove				<u> </u>
3 ) Change				
Add				<del> </del>
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)	
N//T	
······································	
<del></del>	
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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	
<del></del>	

The date of each amendment(s) adoption: July 3, 2019	, if other than the
ate this document was signed.	
Mertine date if applicable: July 3, 2019	
Iffective date if applicable: July 3, 2019 (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 locument's effective date on the Department of State's records.	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 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)	
(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.	
Signature May Aug	<u>.</u>
(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)	
MAYA Hill (Typed or printed name of person signing)  Resident	
(Typed or printed name of person signing)	
thesident	
(Title of person signing)	