P19000022305

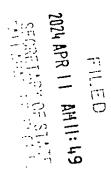
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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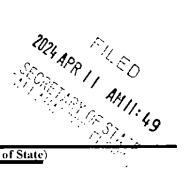




COVER LETTER

PO: Amendment Section Division of Corporations	
NAME OF CORPORATION: <u>INBALANCE, CORP.</u>	
DOCUMENT NUMBER: P19000022305	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	}
Sylvia Anding	
Name of Contact P	erson
Firm/ Compan	y —
1359 Swan Lak	'
Address	1
Dundee, FL 33	
City/ State and Zip	Code
Sandinoinsurance@ E-mail address: (to be used for future annual re	gmail.com port notification)
For further information concerning this matter, please call:	
Sylvia Andino at (321	
Name of Contact Person Are	za Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida	Department of State:
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy i enclosed)	Certificate of Status
Amendment Section Division of Corporations D.O. Box 6327 Tallahassee, FL 32314	mendment Section ivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303

Articles of Amendment Įŷ Articles of Incorporation



INBALANCE, CORP.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000022305	,
	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
FULL BALANCE INSURANCE SERVICES, INC.	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany, "or "incorporated" or the abbreviation "Corp"
B. Enter new principal office address, if applicable:	1359 Swan Lake Cir
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Dundee, FL 33838
	1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same above
D. If amending the registered agent and/or registered office addraw registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida str	vet address)
New Registered Office Address:	, Florida (Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	
	•
	:
Signature of New Ro	egist e red Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) ((e), F _F S.

address of each Officer (Attach additional sheets Please note the officer di P = President; V - Vice Executive Officer; CFO President, Treasurer, Dir Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove Example:	and/or E , if neces: rector tit. Presiden. - Chief F rector wo I in the fo wes the c , and Sal	Frector being added: sary) le by the first letter of the office title: t: T = Treasurer: S = Secretary: D = Dir inancial Officer. If an officer'director h uld be PTD. Ilowing manner. Currently John Doe is orporation, Sally Smith is named the V W Smith, SV as an Add.	inector: TR= Trustee: C = Chairman or Clerk; CEO = Chie, holds more than one title, list the first letter of each office held is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	Y	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change		-	
Add			
Remove			·
2) Change			
Add			
Remove Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
რ) Change	-		<u> </u>
Add			

_ Remove

If amending or adding additional Articles, enter change(s) here (Attach additional sheets, if necessary). (Be specific)	:
Article IV The number of shares the corporation is	s authorized to issue:
99	
	<u>.</u>
	
	1
	1
If an amendment provides for an exchange, reclassification, or	cancellation of issued shares,
provisions for implementing the amendment if not contained i (if not applicable, indicate N/A)	in the amendment itself:
<u>N/A</u>	
	1
<u> </u>	-
<u> </u>	<u>.</u>

i

The date of each amendment(s) adoption: N/A	, if other than the
late this document was signed.	
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, thi document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☑ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes east for the amendment(s) was/were sufficient for approval	
by N/A	
(voting group)	
Dated 4/3/2024	
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 appointed fiduciary by that fiduciary)	
Sylvia Andino	
(Typed or printed name of person signing)	
President	
(Title of person signing)	
•	