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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Tiffany Woodham	Agency Inc	
DOCUMENT NUM			
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this mat	iter to the following:	
	Tiffany Woodham		
		Name of Contact Person	n
	Tiffany Woodham Insurance	Agency Inc	
		Firm/ Company	
	938 N Ferdon Blvd		
		Address	
	Crestview, FL 32536		
		City/ State and Zip Cod	e
tiffa	лу.woodham.w35u@statefarm.	com	
	•	ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
Tiffany Woodham		at (306-2024
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check f	or the following amount made p	payable to the Florida Depa	artment of State;
□ \$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Ittlany Woodham Agency Inc			
(<u>Name of Corporation as currently filed with the Florida Dept. of S</u>	tate)		
(Document Number of Corporation (if known)			············
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts its Articles of Incorporation:	the following	g ameno	Imenus) to
A. If amending name, enter the new name of the corporation:			
Tiffany Woodham Insurance Agency Inc		The i	new.
name must be distinguishable and contain the word "corporation," "company," or "incorporated "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation word "chartered," "professional association" of the abbreviation "P.A."		- phrevia	tion
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	······································		_
C. Enter new mailing address, if applicable:	<u> </u>	19 S	_
(Mailing address MAY BE A POST OFFICE BOX)	28 28	#2FP	- <u> </u>
	<u>n</u> ,	H 9	
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	the H	-	
Name of New Registered Agent			
(Florida street address)			
New Registered Office Address:			
(Cay)	(Zip C	inte)	
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	e poxition		
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 Doc 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: \underline{X} Change	<u>PT</u>	<u>John Doe</u>		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
i) Change				
Add				
Remove				
2) Change				
Add			19 °C	
Remove			SEP SEP	- T
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Add			**************************************	
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ttach additional sheets, if necessarys. (Be specific)		
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares. provisions for implementing the amendment if not contained in the amendment itself:	332	EP 24 A附 9:

The date of each amendment(s) adoption: September 20,2019 late this document was signed.	, if other than the
Effective date if applicable: September 20,2017 (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 w document's effective date on the Department of State's records.	ill 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	
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.	19 St
Dated 9/20/2019	
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)	
(Typed of printed name of person signing)	
Pesident (Title of person signing)	