P19000024169

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Danish Muse has)
	(Document Number)
.≟ Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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WALK 7	tn





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CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

OPTION ONE CON	SULTING INC		
			ı
			Art of Inc. File
	· · ·		LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
		<u> </u>	Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
		<u> </u>	Photo Copy
			Certificate of Good Standing
		<u> </u>	Certificate of Status
		_	Certificate of Fictitious Name
		_	Corp Record Search 1
		_	Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
		_	Driving Record
Requested by: Seth	00/27/10	_	UCC I or 3 File
	$\frac{08/27/19}{2}$		UCC 11 Search
Name	Date	Time	UCC Retrieval
Walk-In	Will Pick Up		Courier

Articles of Amendment to Articles of Incorporation of

OPTION ONE CONSULTING INC		ı	
(Name of Corporation as currently	y filed with the Florida Dept. of Sta	ite)	
P19000024169			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts th	e following amendmen	ıt(s) to
A. If amending name, enter the new name of the corporation:		1	
OPTION ONE INSURANCE INC		✓ The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation ne	or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1	
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 new registered agent and/or the new registered office address Name of New Registered Agent	<u>. </u>	2019 AUG 28 AM 9 30 550 5 5 5 5 5 TE	Tank Carlot
(Florida str	reet address)		
New Registered Office Address:	(City), Florid	in(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to Signature of New Registered Agent	in with and accept the obligations of the with and accept the obligations of the Registered Agent, if changing	e position.	
Signature of New R	Registered Agent, if changing) 	

address of each Officer as (Attach additional sheets, Please note the officer/dir. P = President; V = Vice F Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones leav Mike Jones, V as Remove.	nd/or DI if necesso ector title President, Chief F Directo in the fol ves the co	rector be ary) : by the fir : T= Trea. inancial (ir would be dowing ma proporation	est letter of the office title: surer; S= Secretary; D= Director; TR= Tru Officer. If an officer/director holds more tha e PTD. inner. Currently John Doe is listed as the PS , Sally Smith is named the V and S. These sh	stee; C = Chairn in one title, list T and Mike Jon	nan or Clerk: CEO = Chief the first letter of each office es is listed as the V. There is
Example: X Change	<u>PT</u>	John Do	2		
X Remove	Y	Mike Jor	nes		!
X Add	<u>sv</u>	Sally Sm	<u>ith</u>		
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s	
1) Change		_			
Add					<u> </u>
Remove					<u> </u>
2) Change		_			
Add					
Remove					
3) Change		_			
Add					-
Remove					
4) Change		_			<u> </u>
Add					
Remove					· · · · · · · · · · · · · · · · · · ·
5) Change		_ _			
Add					
Remove					<u> </u>
6) Change					
Add					
Remove				<u> </u>	1

g manner and an a manner of management of the control of t	(Be specific)	I
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f an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares endment if not contained in the amendment itself:	
		I I
		<u> </u>
		1
	- <u> </u>	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	i	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	•
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	49	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
08/28/19	•	
DatedSignature	En aliveira	
	a director, president or other officer – if directors or officers have not been	
	cted, by an incorporator - if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	EMANUELLE OLIVEIRA	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	