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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SHROCK	ASSURANCE	GROUP, INC.			
DOCUMENT NUMBER:	P1900002	8789				
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	JOSHUA	L. SHROCK Name of Contact Person				
SHROCK ASSURANCE GROUP, INC. Firm/ Company 15425 MULHOLLHAND ROAD Address						
		Firm/ Company	_			
	15425 MULHOLLHAND ROAD					
	PARRIS	H FL 342 City/ State and Zip Code	19			
		•				
	LOSHUAS	HROCK CHOT	MAIL. COM			
E-mai	l address: (to be used	for future annual report	notification)			
For further information concerning this matter, please call:						
Name of Contact Person at (941) 504-9735 Area Code & Daytime Telephone Number						
Name of Contact I	Person	Area Coo	le & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
S43 Siling Fee S43	.75 Filing Fee & Ificate of Status	S43.75 Filing Fcc & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810			
		i allaha	ssee, FL 32303			

Articles of Amendment to Articles of Incorporation of

SHROCK ASSURANCE	E GROUP INC.		
(Name of Corporation as currently	filed with the Florida Dept. of	State)	
P19000028	789		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopt	s the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:			
SHROCK BUILDING GROW	UP. INC.		The nav
SHROCK BULDING GROCIATION OF THE DESCRIPTION OF THE DESCRIPTION OF THE DESCRIPTION OF THE ABBREVIATION OF	mpany," or "incorporated" or t professional corporation name	he abbreviatio must-contair	n "Corp.," i the word
B. Enter new principal office address, if applicable:	15425 WULH	LAND	2cas
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	PARRISH FL	34219	
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:	15425 MULHO PARRISH FL sin Florida, enter the name o	34219	<u>Zo a-o</u>
Name of New Registered Agent			
(Florida street	address)		
New Registered Office Address:	Flo	orida	
(C.	ity)	(Zip C	ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of i	the position.	01 This 1202
			<u></u>
Signature of New Regi	stered Agent, if changing	-	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e),			F11 6: 35

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change				
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 addition	al Articles, enter cha	inge(s) here:		
(Attach additional sheets, if neces	sarv). (Be specific)			
		•	•	
			•	
	<u> </u>			
· · · · · · · · · · · · · · · · · · ·				
				
				
		-		
F. If an amendment provides for a	<u>in exchange, reclassi</u>	<u>fication, or cancella</u>	tion of issued share	25.
provisions for implementing the	ie amendment if not	contained in the an	<u>iendment itself:</u>	
(if not applicable, indicate !	V/A)			
_ -i				
	· · · · ·			
				

The date of each amendment(s) ad	option: 4/24/2020	, if other than the
date this document was signed.		
Effective date if applicable:	(4/2/4/2020	
Effective date in applicable.	(no more than 90 days after amendment)	file date)
Note: If the date inserted in this bloodenment's effective date on the Dep	ock does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	eted by the incorporators, or board of directors without	at shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for ficient for approval.	or the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the an	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	1
by		.,
	(voting group)	•
Dated	4/2020	
Signature	- VM Ohl	
(By 8 dir	ector, president or other officer – if directors or office by an incorporator – if in the hands of a receiver, tru	ers have not been
	d fiduciary by that fiduciary)	stee, or other court
-pp		
	Joshua L. SHROCK	
~	(Typed or printed name of person signing)	
	TRUS DENT	
-	(Title of person signing)	