P19000029079

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NOV -8 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: GNW GLOBAL I	NSURANCE INC	
	IBER: P19000029079		······
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	SANDRA SCHWARTZ		
		Name of Contact Person	1
	GNW GLOBAL INSURANC		
		Firm/ Company	-
	10888 NW 7TH ST		
		Address	
	CORAL SPRINGS / FL 3307	71	
		City/ State and Zip Code	e
	SANDRA@GNWGLOBAI	.INSURANCE.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	702	3325261
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check (for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.C	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

GNW GLOBAL INSURANCE INC

(<u>Name</u>	of Corporation as curren	tiv filed with the Florida D	lept, of State)	
P19000029079				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.	1006 Planida Statutos thi	e Florida Profit Cornoratios	n adopte the following amendme	nt(e) te
its Articles of Incorporation:	1000, Fiornia Statutes, tili	s Promuu Proju Corporation	r adopts the following amendmen	m(s) u
A. If amending name, enter the new n	ame of the corporation:			
N/A	,		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association,"	Corp, " "Inc," or "Co".	A professional corporation	ed" or the abbreviation "Corp.,"	
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S				
			210	
			100	77
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	25	
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	? 7
			-	<u>, 1</u>
			~~~~	
D. If amending the registered agent ar	nd/or registered office ad	dress in Florida, enter the	name of the	
new registered agent and/or the ne				0,
Name of New Registered Agent	N/A			
Name by New Regimereu Agem				
	(Florida :	street address)		
	N/A		N/A	
New Registered Office Address:		(City)	, Florida	
		(Cij)	(Lip Cont)	
New Registered Agent's Signature, if o	hanging Registered Age	nt:		
I hereby accept the appointment as regis.	tered agent. I am familia	r with and accept the obligat	tions of the position.	
	Signature of New	Registered Agent, if changi		
	<u> </u>		<b></b>	
Check if applicable  ☐ The amendment(s) is/are being filed p	mirculant to s. 607 0120 / 11	IV(e) ES		
in the amendment(s) is are being filled p	raconnecto o. 007,0120 (1)	17 10 1. 1		

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.

Example: X Change	<u> 6.L</u>	John Doe	
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
1) Change	S	LOURDES FERNANDEZ	10888 NW 7TH ST
Add	<del>-</del>		CORAL SPRINGS FL 33071
X Remove			
2) X Change	PTD	SANDRA SCHWARTZ	10888 NW 7TH ST
Add			CORAL SPRINGS FL 33071
Remove 3 ) Remove			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ling additional A heets, if necessary,				
/A					
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	- <u>-</u> -			·	
If an amendment p	rovides for an ex	change, reclassif	ication, or cancell:	ation of issued sh:	ires,
provisions for imp	olementing the an	nendment if not	contained in the ar	mendment itself:	<del></del>
	ble, indicate N/A)				
(if not applicat					
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The date of each amendment(s) a	doption:	, if other than the
	CTUBER 19 2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fil	le date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requiepartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for ufficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amo	
	for the amendment(s) was/were sufficient for approval	
by <u>N/A</u>		
	(voting group)	
10/19/202 Dated		
selecte	lirector, president or other officer – if directors or officered, by an incorporator – if in the hands of a receiver, trust	s have not been due, or other court
арроп	nted fiduciary by that fiduciary)  SANDRA SCHWARTZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	•