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(Re	equestor's Name)	
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S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Kissimmee Insuran	ce Agency, Inc.	
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Joaquin Zangronis		
-		Name of Contact Person	1
	New Company Name): Zang		
-		Firm/ Company	
•	New Location/Mailing Addr	ess) 111 E. Monument Ave	Suite 322
-		Address	
	Kissimmee, FL 34741		
_		City/ State and Zip Cod	:
;	info@kissinumee-insurance.co	om	
-	E-mail address; (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Joaquin Zangronis		at (
Name o	f 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:
■ \$35 Fiting Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Contre of Tallahassee I. Monroe Street, Suite 810 Issee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Zangronis & Associates Insurance Services, Inc. The new moments he distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or Co.," A professional corporation name must contain the word "chartered," professional association, or the abbreviation "P.A" B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX) Histogram of New Registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: Hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.	Kissimmee Insurance Agency, Inc.					
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Zangronis & Associates Insurance Services, Inc. The new moments he distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or Co.," A professional corporation name must contain the word "chartered," professional association, or the abbreviation "P.A" B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX) Histogram of New Registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: Hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.	(Name of Corporation as curren	tly filed with the Florida Dept. of Sta	<u>ite</u>)			
Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendments its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Zangronis & Associates Insurance Services, Inc. Zangronis & Associates Insurance Inc. Zangronis & Associates Insurance Inc. Zangronis & Company, "c" incorporated "or incurs" in professional corporation mame must contain the word Zangronis & Associates, Insurance Inc. Zangronis & Associates, Insuran	P19000037486					
its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Zangronis & Associates Insurance Services, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc." or "Co." A professional corporation name must contain the word "chartered." "professional sosociation," or the abbreviation "LA" B. Enter new principal office address, if applicable: (Principal office address MUST BE ASTREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Kissimmec, Fl. 34741 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Nume of New Registered Agent (Florida street address) New Registered Office Address: (Cay) (C	(Document Number	of Corporation (if known)				
Zangronis & Associates Insurance Services, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," a professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A" B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Kissimmee, Fl. 34741 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (City) (City) (City) (City) (City) (City) New Registered Agent's Signature, if changing Registered Agent: (Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.	Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s <i>Florida Profit Corporation</i> adopts th	e following amer	idment(s)		
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) H. Monument Ave Suite 322 Enter new mailing address in applicable: (Mailing address MAY BE A POST OFFICE BOX) Ensured the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent	B. Enter new principal office address, if applicable:	111 E. Monument Ave Suite 322				
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(City) (Zip Code) 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 position.	te wrau s	arvet address)				
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I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			,			
			position.			
Signature of New Registered Agent, if changing	Signature of New	Registered Agent, if changing				

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>PT</u>	<u>John Doe</u>		
X Remove	V	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1)Change				
Add			<u>-</u>	
Remove			_	
2) Change				
Add			-	
Remove 3.) Change				
Add			-	
Remove			_	
4) Change				
Add			<u>-</u>	
Remove			_	
5) Change				
Add			_	
Remove				
6) Change				
Add			-	
Remove			_	

	(Be specific)			
				
		 		
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	1 10	cancellation of issued	I shares,	
f an amendment provides for an exch	<u>ange, reclassification, or a</u>			
provisions for implementing the ame			<u>:lf:</u>	
			<u>elf:</u>	
provisions for implementing the ame			<u>elf:</u>	
provisions for implementing the ame			<u>-4f:</u>	
provisions for implementing the ame			<u>elf:</u>	
provisions for implementing the ame			<u>elf:</u>	
provisions for implementing the ame		n the amendment itse	elf:	
provisions for implementing the ame		n the amendment itse	elf:	
provisions for implementing the ame		n the amendment itse	elf:	
provisions for implementing the ame		n the amendment itse	elf:	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)		n the amendment itse	elf:	
provisions for implementing the ame		n the amendment itse	elf:	
provisions for implementing the ame		n the amendment itse	elf:	
provisions for implementing the ame		n the amendment itse	elf:	

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The date of each amendment(s) adopti date this document was signed.	on:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departi	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) out for approval.
	I by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	ne amendment(s) was/were sufficient for approval
by	(voting group)
selected by appointed for	A president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary) uin Zangronis (Typed or printed name of person signing)
Pres	dent

(Title of person signing)