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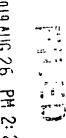


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## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
SUBJE	CT: CNR Insurance (casultants Inc. Name of Corporation				
DOCU	MENT NUMBER: <u>P1900058012</u>				
The enc	losed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please r	eturn all correspondence concerning this matter to the following:				
	Chantelle Rodriguez Name of Contact Person				
	CMR Insurance Consultants Inc Firm/Company				
	14361 commerce way Svite 102				
Micros FL 33016 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
_c\x	Name of Contact Person at (305) 781-6703  Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

 $\mathbf{of}$ 

CMR Insurance (onsulta	ints Inc.
	tly filed with the Florida Dept. of State)
<u> </u>	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	14361 (ommerce way
(Frincipal Office address MOST BE A STREET ADDRESS)	Soite 102
	miami lakes, th 33016
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14261 ammerce way =
	Soile 102
	Miami lakes FL 33016.
	drawn in Florida, anton the name of the
<ul> <li>If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address</li> </ul>	
	٧ ج.ت
Name of New Registered Agent CVCintelle R-Od	irigue.c
14361 Canmer (Florida s.	cree address) Scite 102
New Registered Office Address: Mami Jakes	Florida 3301 6
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	•••
Thereby accept the appointment as registered agent. I am familiar	
Mr. Dr	•

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, 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 = C. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>P</u>	Luis Here U	14361 Commerce way
Add Remove			Miami lakes IL 33016
2) Add		2 Chantelle Robriguez	14361 commerce way Suite 102
Remove 3 ) Change Add			Miami lares, FC 33016
Remove 4) Change Add			
Remove  5) Change Add			
6) Change Add			

(Attach additional sheets, if necessary). (Be specific)
DIA
MIN
<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
NA

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	date will not be listed as
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	u(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.  ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	lder
action was not required.	
Dated 8/20/19	
Signature	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other contents of the contents of	
appointed fiduciary by that fiduciary)	
chantelle Rodriguez	
(Typed or printed name of person signing)	
<u> Vice President</u>	
(Title of person signing)	