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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:	da loc	
DOCUMENT NUMBER: P(9000)	75148	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma-	tter to the following:	
Michae	L Relly Name of Contact Person	
•	Name of Cortact Person	
	Firmy Company	ustal Select Insurance Agency
2052 Wina	ers Cic	•
	Address	
_ N Lauderd	Address Address Address City/ State and Zip Code	y)
	City/ State and Zip Code	e
<u>Mike e Coar</u> E-mail address: (to be us	stal Select Floor ed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Michael Reilly Name of Contact Physion	at (<u>754</u> Area Coo	<u>242-3202</u> de & Daytime Telephone Number
Enclosed is a check for the following amount made p		
S35 Filing Fee S43.75 Filing Fee See Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Address ment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation of

01	
Rii Florida Inc	
	filed with the Florida Dept. of State)
P 19000075148	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Chartal Select TASURANCE AGENCY	TAC. The new
name must be distinguishable and contain the word "corporation," "co" Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A "chartered." "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	3837 N Andrews Ave
	Oakland Park, FL 33309
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2052 Winners Cit
	N Lauderdale, FL 33068
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	22
	7
(Elorida stree	· (
New Registered Office Address:	Florida 25
(6	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	de la commencial de la constante de la constan
I hereby accept the appointment as registered agent. I am familiar wi	in and accept the obligations of the position.
Signature of New Reg	ristered Agent, if changing

Check if applicable

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: PT John Doe X Change X Remove \underline{V} Mike Jones \underline{X} Add <u>SV</u> Sally Smith Address Type of Action Title Name (Check One) 1) Change __ Add _ Remove 2) ____ Change __ Add __ Remove 3) Change 6-changes ____ Add Remove 4) Change Add Remove 5) ____ Change ___ Add ____ Remove 6) ____ Change ___ Add Remove

If amending or adding additional Articles, enter ch Attach additional sheets, if necessary). (Be specific	·)	
		,
		<i></i>
		<u>.</u>
		**
		20 ::::
		UNA PARTE
If an amendment provides for an exchange, reclass	sification, or cancellation of issued shar	res, Po
provisions for implementing the amendment if no	ot contained in the amendment itself:	<u>ි</u> දිරු කි
(if not applicable, indicate N/A)		2
		<u> </u>
		52 IE IIDA
/		

The date of each amendment(s) adoption: $(22/2020)$ date this document was signed.	_, if other than the
Effective date if applicable: \(\begin{align*} \lambda 2 \lambda 20 \ \ \end{align*} \) (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 date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☑ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval $\frac{8}{100}$	
by	Ti ==
Dated (22/2020	ED
Signature (By a meetor, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
(kyped or printed name of person) signing)	
(Title of person signing)	