From:

10/23/2019

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H190003137493)))



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Account Number : I20130000051 Phone : (904)342-6009 Fax Number : (904)425-2229

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Sec Division of Corp			
NAME OF CORPO	RATION: UNISYN I	NSURANCE, IN	C.
	BER: P190000779		
	of Amendment and fee are s		
Please return all corre	spondence concerning this m	atter to the following:	
	James T. Murph	y, Esq.	
		Name of Contact Perso	wn .
	Murphy & Ellis, F	PLLC	
		Firm/ Company	
	121 W. Forsyth S	Street, Suite 800	
•		Address	
	Jacksonville, Flo	rida 32202	
		City/ State and Zip Cod	c
iam	es@businesslaw	iax.com	
		sed for future annual report	notification)
	•		
For further information	concerning this matter, plea	se call:	
James T. Mui	rphy, Esq.	at (904	342-6009
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	ertment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Address
	dment Section ion of Corporations		ment Section n of Corporations
P.O. E	Вох 6327		Building
Tallal	nassee, FL 32314		secutive Center Circle
		រ ការមហាន	ssee, FL 32301

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10/23/2019 09:20 #099 P.003/006

From:

(((H190003137493)))

Articles of Amendment to Articles of Incorporation of

P19000077903	poration as currently filed with the		
	Demonstration of Green Co. (CC)		 -
·	Document Number of Corporation (if)	•	
orsuant to the provisions of section 607.1006, in Articles of Incorporation:	Florida Statutes, this Florida Profit Co	orporation adopts the following amendment(s) to
If amending name, enter the new name of	the corporation;		_
me must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation or ord "chartered," "professional association," o	"Corp," "Inc," or "Co". A profession	or "incorporated" or the abbreviation on all corporation name must contain the	
Enter new principal office address, if appli	icable:		100
rincipal office address MUST BE A STREET	(ADDRESS)		•
	•	•,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.	F DOV		7.75
firming mares pint puntosi of the	<u> </u>		
			
If amending the registered event and/or re-	gistered office address in Playids, an	ter the name of the	
If amending the registered agent and/or re- new registered agent and/or the new regist	gistered office address in Florida, en ered office address;	iter the name of the	
new registered agent and/or the new regist	gistered office address in Florida, en ered office address:	iter the name of the	
If amending the registered agent and/or re- new registered agent and/or the new regist Name of New Registered Agent	gistered office address in Florida, en ered office address:	iter the name of the	
new registered agent and/or the new regist	gistered office address in Florida, en ered office address: (Florida street address)	iter the name of the	
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new registered agent and/or the new regist	ered office address:	ter the name of the , Florida	
new registered agent and/or the new regist Name of New Registered Agent	ered office address: (Florida street address)	, Florida	
Name of New Registered Agent New Registered Office Address:	ered office address: (Florida street address) (City)	, Florida	
Name of New Registered Agent New Registered Office Address: Registered Agent's Signature, if changing	(Florida street address) (City) Registered Agent:	, Florida(Zip Code)	
Name of New Registered Agent New Registered Office Address: Registered Agent's Signature, if changing	(Florida street address) (City) Registered Agent:	, Florida(Zip Code)	
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Name of New Registered Agent New Registered Office Address: We Registered Office Address: Registered Agent's Signature, if changing preby accept the appointment as registered age	(Florida street address) (City) Registered Agent: ant. I am familiar with and accept the	, Florida(Zip Code) obligations of the position.	

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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.

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	Name	Address
1) Change	D	Jennifer Flynn	734 Abby Mist Dr.
X Add			St. Johns, FL 32259
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change	 -		
Add			
Remove			
)Change			
Add			
Remove			

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Attach additional sheets, if necessary).	(Be specific)
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an amendment provides for an exchai	
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rovisions for implementing the amend	age, recussification, or cancellation of issued shares, iment if not contained in the amendment liself:
rovisions for implementing the amend	iment if not contained in the amendment itself:

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The date of each amendment(s) adoption:	if other than the
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 date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10.23.2019	
Signature	
(By a director, 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)	
Robert Bouvier	
(Typed or printed name of person signing)	
President	
(Title of person signing)	