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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Yelton Insurance	Company	*		
	ABER: P20000012852	· · · · · · · · · · · · · · · · · · ·			
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.			
Please return all cor	respondence concerning this ma	atter to the following:			
	Trey Yelton				
	Name of Contact Person				
	Firm/ Company				
	3610 SE Federal Hwy, Ste 5				
		Address			
	Stuart, FL 34997				
		City/ State and Zip Code	2		
	Linda@daecpa.net				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informat	ion concerning this matter, plea	se call:			
Trey Yelton		at ( 772	2141774		
Nam	e 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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Yelton Insurance Company (Name of Corporation as currently filed with the Florida Dept. of State) P20000012852 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Yelton Insurance Agency Inc 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." 3610 SE Federal Hwy, Ste 5 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Stuart, FL 34997 C. Enter new mailing address, if applicable: 3610 SE Federal Hwy, Ste 5 (Mailing address MAY BE A POST OFFICE BOX) Stuart, FL 34997 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: 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 positions

Signature of New Registered Agent, if changing

Check if applicable

 $\Box$  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.

<u>PT</u>	John Do	<u>oe</u>	
<u>V</u>	Mike Jo	nes	
<u>sv</u>	Sally Sn	nith	
Title		Name	<u>Addres</u> s
	_		
	_		
	_		
	_		
-	_		
	_		
	<u>V</u> <u>SV</u>	V Mike Jo SV Saily Sr	V Mike Jones SV Sally Smith

If amending or adding additional Ar Attach additional sheets, if necessary)	(Be specific)		
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If an amendment provides for an exc provisions for implementing the am	nange, reclassification, or endment if not contained	in the amendment itse	shares, If:
(if not applicable, indicate N/A)			<del></del>
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The date of each amendment(s	adoption:	, if other than the
	Jarch 30, 2021	
Effective date if applicable:	(no more than 90 days	afier amendment file date)
Note: If the date inserted in thi document's effective date on the		natutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of	of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number sufficient for approval.	er of votes cast for the amendment(s)
	approved by the shareholders through vector for each voting group entitled to vote so	
"The number of votes c	ist for the amendment(s) was/were suff	cient for approval
by	(voting group)	
	(voting group)	
DatedSignature	Jan Machine of their officer - if	
(By selection)	a director, president or other officer – if eted, by an incorporator – if in the hand pinted fiduciary by that fiduciary)	directors or officers have not been s of a receiver, trustee, or other court
	Trey Yelton	
	(Typed or printed name of	f person signing)
	Pres	
	(Title of person signing)	