P20000025778

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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	11/24/2001031
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CORAL FINANC	IAL INSURANCE INC				
DOCUMENT NUM	P20000025778					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	MELISSA MCFARLAND					
	Name of Contact Person					
	CORAL FINANCIAL INSURANCE INC					
	Firm/ Company					
	9764 W SAMPLE RD					
	Address					
	CORAL SPRINGS, FL 33065					
		City/ State and Zip Code	e			
	MELISSA@CORALFINANCIAL.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, plea	se call:				
MELISSA MCFARLAND		954 at (798-4044			
Name	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)			
At Di P.(nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
CORAL FINANCIAL INSURANCE INC	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	9764 W SAMPLE RD
(Principal office address MUST BE A STREET ADDRESS)	CORAL SPRINGS , FL 33065
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9764 W SAMPLE RD
· · ·	CORAL SPRINGS, FL 33065
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	<u> </u>
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	nt:
Thereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.
Signature of New	Registered 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)

Example:

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	PT	John Do	<u>e</u>	
\underline{X} Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	Р	_	MARIE GECSE	5232 NW 90TH TERR
Add		_		CORAL SPRINGS, FL 33067
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
<u> </u>	
. 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)	
N/A	
	-
	 .

11/	/18/2020		
The date of each amendment(s) adoption:			, if other than the
date this document was signed.			
Effective date if applicable:			
Effective date in applicative.	(no more than 90 days a	after amendment file dater	
Note: If the date inserted in this block does no document's effective date on the Department of		atutory filing requirements, this c	late will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)		
The amendment(s) was/were adopted by the i action was not required.	incorporators, or board o	f directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a		er of votes cast for the amendmen	t(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			nent
"The number of votes cast for the amen	ndment(s) was/were suffi	cient for approval	
by	ing group)		
(10th	ng group)		
selected, by an inco- appointed fiduciary	orporator – if in the hands by that fiduciary)	directors or officers have not been of a receiver, trustee, or other con	
	MCFARLAND		
C	Typed or printed name o	f person signing)	
PRESIDEN	T		

(Title of person signing)