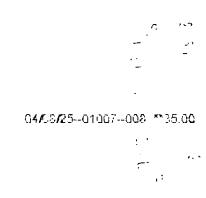
## P20000064614

(Requestor's Name)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	ORATION: DTS INSURANCE	E GROUP INC		
	BER: P20000064614			
	es of Amendment and fee are su	bmitted for filing.		
Please return all con	respondence concerning this ma	tter to the following:		
	ANDREW SCIANO			
		Name of Contact Person	1	
	DTS INSURANCE GROUP	INC		
	<del></del>	Firm/ Company		
	9160 FORUM CORPORATI	E PARKWAY, SUITE 350		
Address				
	FORT MYERS, FLORIDA 33905			
City/ State and Zip Code				
dsciano@dtsinsgroupcom.onmicrosoft.com				
	E-mail address: (to be us	sed for future annual report	notification)	***
For further informat	ion concerning this matter, pleas	se call:		
ANDREW SCIANO at (		, : 		
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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)	
	ailing Address mendment Section		Address Iment Section	

**Division of Corporations** 

Tallahassee, FL 32303

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

## **Articles of Amendment** to Articles of Incorporation of

DTS INSURANCE GROUP INC				
( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)		
P20000064614				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the follo	owing amendment(s) to	
A. If amending name, enter the new n THE PROPERTY CLAIMS GROUP, IN			The new	
	Corp, " "Inc," or "Co".	"company," or "incorporated" or the abbrev A professional corporation name must co "	viation "Corp.,"	
R Enter new principal office address	if annlicable:	9160 FORUM CORPORATE PARKW	AY	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SUITE 350		
		FORT MYERS, FL 33905		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9160 FORUM CORPORATE PARKWAY		
			-1	
		FORT MYERS, FL 33905		
D. If amending the registered agent an new registered agent and/or the ne				
Name of New Registered Agent			•	
Aume of their registered rigem	9160 FORUM CORPOR	ATE PARKWAY, SUITE 350		
	(Florida s	treet address)		
New Registered Office Address:	FORT MYERS	. Florida	05	
New Registered Office Address.	<del></del>	,	Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		<u>st:</u> with and accept the obligations of the posit	ion.	
	Signature of New	Registered Agent, if changing		
Check if applicable  The amendment(s) is are being filed p				

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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 De	oc		
X Remove	<u>v</u>	Mike Jo	ones .		
X Add	<u>sv</u>	Sally Si	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change		<del></del>			
Add					<del></del>
Remove					
2) Change		_			
Add					
Remove 3) Change					
Add					· · · · · · · · · · · · · · · · · · ·
Remove					<del> </del>
4) Change		_			· - ·
Add					_
Remove					<del> </del>
5) Change		<del></del>			
Add					
Remove					
6) Change		_			<del></del>
Add					
Remove					

f amending or adding additional Al Attach additional sheets, if necessary	(Panishin)	<u></u> .	
Attaen <i>aaattionat sneets, ij necessar</i> y)	. (ве ѕресіне)		
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f an amendment provides for an ex	<u>change, reclassification, o</u>	r cancellation of issued share	<u>\$,</u>
provisions for implementing the an	nendment if not contained	in the amendment itself:	
(if not applicable, indicate N/A)			•
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			•
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The date of each amendment(s late this document was signed.	adoption:	, if other than the
ante this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file do	nte)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirem Department of State's records.	ents, 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 directors without share	eholder action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The follofor each voting group entitled to vote separately on the amenda	
"The number of votes co	ist for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
Dated	12/2025	
Signature	men	•
(By sole	director, president or other officer – if directors or officers hat sted, by an incorporator – if in the hands of a receiver, trustee, of sinted fiduciary by that fiduciary)	
	ANDREW SCIANO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	