P21 (CCO 5556C)

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2021 NOV TO AM III-1

A. RAMSEY DEC 0 2 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Insurance Advantage Agency Inc.
DOCUMENT NUMBER: P210000 88500
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
P. Christopher Wegner Name of Control Person Wegner Law Firm PUC Firm/ Company 875 1090 Avenue Address Address City/ State and Zip Code
E-mail addiest: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Wegner at (239) 571-2721 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED PORTION AMILIETT Articles of Amendment Articles of Incorporation nsurance (Name of Corporation ascurrently filed with the Florida Dept. of State (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 A. If amending name, enter the new name of the corporation: 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 . Florida (City)

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 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)

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 I	Doc	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	<u>SV</u> Sally :	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) X Change	P.P	Steven Joos	2091 Crestview War Naples, FL 34119
Add			Nades, FL 34119
Remove 2) Change Add	D <u>,VP,S</u> ,T	Teryls. Kommen	3887 Royal Wood Blud Naples, FL 34112
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			



change(s) here:
E. If amending or adding additional Articles, enter change(s) here: (Assoch additional sheets, if necessary). (Be specific)
E. If amending or adding additional social (Be specific) (Attach additional sheets, if necessary).
(Alisch address)
and a connectiation of issued shares,
F. 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:
provisions for implementing the ameticanets. (if not applicable, indicate N/A)
(ў поі аррпсаме, шиселе

The date of each amendment(s) a	doption:		if other than the
date this document was signed.			
Effective date if applicable:	(no more than 90 c	days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Do	olock does not meet the applical epartment of State's records.	ble statutory filing requirements, this date will not	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add action was not required.	opted by the incorporators, or bo	ard of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were add by the shareholders was/were so		number of votes cast for the amendment(s)	
☐ The amendment(s) was/were ap	proved by the shareholders throu each voting group entitled to vo	igh voting groups. The following statement steeparately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were	sufficient for approval	
by	(voling group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)		
Dated Nov.	4 2021	<u> </u>	
Signature	In - Co		
(B) a d	lirector, president or other officer	r — If directors or officers have not been hands of a receiver, trustee, or other court	
	(Typed or printed na	me of person signing)	
	Tacorporato (Title of person sign	ing)	

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