P22000009391

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COVER LETTER

TO: Amendment Sect Division of Corp						
NAME OF CORPO	RATION: William K. Nellans	, Inc.				
DOCUMENT NUMBER: P22000008391						
The enclosed Articles	of Amendment and fee are sul	omitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Douglas G. Nellans					
		Name of Contact Person				
	William K. Nellans, Inc	. Table of Commer Person				
	Firm/ Company					
	16591 S. Tamiami Trail					
	Address					
	Fort Myers, FL 33908					
		City/ State and Zip Code				
	doug@insurance-center.net					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information concerning this matter, please call:						
Douglas G. Nellans		at (822-3455			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Am Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810			

Articles of Amendment to Articles of Incorporation

· · · · · · · · · · · · · · · · · · ·				
	ion as currently	filed with the Florida Dept. of St	ate) Se Z	
P22000008391			5 5	
(Docu	(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	la Statutes, this F	Torida Profit Corporation adopts th	ne following amendan	
A. If amending name, enter the new name of the c	corporation:		· ·	
			The new	
name must he distinguishable and contain the word "o "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association." or the abbr	," or "Co". A	ompany," or "incorporated" or the professional corporation name m	abbreviation "Corp.,' nust contain the word	
3. Enter new principal office address, if applicable:		16591 S. Tamiami Trail		
(Principal office address MUST BE A STREET AD		Fort Myers, FL 33908		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	OX)	16591 S. Tamiami Trail		
(Mailing address MAT BE A POST OFFICE BOA)		Fort Myers, FL 33908		
D. If amending the registered agent and/or regist	ered office addr	ess in Florida, enter the name of t	<u></u>	
new registered agent and/or the new registered	a office address:			
Name of New Registered Agent		<u> </u>		
16591 S. 7	Famiami Trail			
	(Florida stre	et address)		
	ve .	. Flori	. 33908	
New Registered Office Address:	3		da	

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	PCEO		Douglas G. Nellans	16591 S. Tamiami Trail
Add		_		Fort Myers, FL 33908
Remove 2) X Change	VTS		Mark W. Nellans	16591 S. Tamiami Trail
Add		_		Fort Myers, FL 33908
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)
Please add the appropriate FEIN# to our profile. Our FEIN# is 35-1153843.
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: (if not applicable, indicate N/A)

	05/04/2022 doption:	, if other than the
date this document was signed.		
05/0 Effective date <u>if applicable</u> :	4/2022	
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the Do	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not 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 board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.)
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
05/04/2023		
Dated		
Signature	rector, president or other officer - if directors or officers have not been	
selecte	rector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	Douglas G. Nellans	
	(Typed or printed name of person signing)	
	President, CEO	
	(Title of person signing)	