| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2022 MAY 26 PM 3: 48

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 |
|---|
| REFERENCE : 710333 8276196 |
| AUTHORIZATION: Sprelle man |
| COST LIMIT : (\$ 35.00 |
| ************************************** |
| ORDER DATE: May 26, 2022 |
| ORDER TIME : 2:34 PM |
| ORDER NO. : 710333-005 |
| CUSTOMER NO: 8276196 |
| |
| DOMESTIC AMENDMENT FILING |
| NAME: B&B NEW CO |
| EFFECTIVE DATE: |
| ARTICLES OF AMENDMENT XX RESTATED ARTICLES OF INCORPORATION |
| XXEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | ORATION: B&B New Co | | |
|------------------------|---|--|---|
| DOCUMENT NUM | D22000020523 | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | |
| Please return all corr | espondence concerning this ma | itter to the following: | |
| | Kalan Lis | | |
| | | Name of Contact Persor | 1 |
| | Brown & Brown, Inc. | | |
| | | Firm/ Company | |
| | 300 N Beach St. | | |
| | | Address | |
| | Daytona Beach, FL 32114 | | |
| | | City/ State and Zip Code | e |
| | klis@bbins.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informati | on concerning this matter, plea | se call: | |
| Kalan Lis | | at (| 239-8862 de & Daytime Telephone Number |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check t | or 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) |
| An Di P.C | niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, 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

FILED

2022 MAY 26 PM 4:50

B&B New Co (Name of Corporation as currently filed with the Florida Dept. of State P22000020523 (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: AGIS Network Insurance Services Corp. The new 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)

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 Doe | |
|-------------------------------|-----------|-------------|----------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Address</u> |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | _ | | |
| Add | | | <u> </u> |
| Remove | | | |
| 5) Change | | | <u> </u> |
| Ađd | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach additional sheets, if necessary). | ticles, enter change(s) here: (Be specific) |
|---|--|
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| | |
| f an amendment provides for an exch | hange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A) | endment if not contained in the amendment itself: |
| | |
| | |
| | |
| | |
| | |
| | |

| | option: | , if other than t |
|--|--|---------------------------------|
| date this document was signed. | | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| | (no more than 90 days after amenament file date) | |
| Note: If the date inserted in this bl document's effective date on the De | ock does not meet the applicable statutory filing requirements, the partment of State's records. | is date will not be listed as t |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ■ The amendment(s) was/were ado action was not required. | oted by the incorporators, or board of directors without shareholder | action and shareholder |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | oted by the shareholders. The number of votes cast for the amendaticient for approval. | nent(s) |
| | roved by the shareholders through voting groups. The following started voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast | or the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| 5/17/2022 | | |
| Dated | | |
| Chamatar | £ * | |
| Signature (By a di | ector, president or other officer – if directors or officers have not b | een |
| selected | , by an incorporator - if in the hands of a receiver, trustee, or other | |
| | ed fiduciary by that fiduciary) | |
| | Anthony Robinson | |
| • | (Typed or printed name of person signing) | |
| | VP & Assistant Secretary | |
| • | (Title of person signing) | |