7/8/22, 1:47 PM

Jul 08, 2022 14:26 (UTE-04)

## **Division of Corporations**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000233383 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6380

,,≠ From:

To:

Account Name : WF TAXES AND MORE INC.

Account Number : I20200000043 : (772)879-0010 Phone Fax Number : (772)879-0150

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN J&B INSURANCE CONSULTANTS INC

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$43.75

J. HORNE

JUL 11 2022

Electronic Filing Menu

Corporate Filing Menu

Help

Jul 08, 2022 14:26 (UTC-04)

	**************************************	ي هې پ	· 🗭 11	A STATE OF THE STA
TO: Amendment Sec Division of Corp	porations	COVER LETTER	e izer	**** ;
NAME OF CORPO	RATION: J&B INSURANCE	CONSULTANTS INC		
DOCUMENT NUM	BER: P22000054059			
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.		
Please return all com	espondence concerning this mat	ter to the following:		
	BRIAN PERALTA			
		Name of Contact Person		_
	J&B INSURANCE CONSUL	TANTS INC		_
		Firm/ Company		
	9536 SW OTTER LANE			
	<del></del>	Address		
	STUART, FL 34997			<u> </u>
		City/ State and Zip Code	:	
	wftaxes.more@gmail.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further informati	ion concerning this matter, pleas	se call:		
BRIAN PERALTA		at (	215-2889	
Name	e of Contact Person	Area Co	de & Daytime Telephone Nun	aber
Enclosed is a check	for the following amount made	payable to the Florida Depa	urtment 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)	
Aı Di	ailing Address mendment Section vision of Corporations O. Box 6327	Amend Divisio	Address Iment Section In of Corporations entre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Jul 08, 2022 14:26 (UTC-04)

## Articles of Amendment to Articles of Incorporation of

	Articles of Incorporation	- in the contract of the contr
	of	<b>美国产</b>
AB INSURANCE CONSULTANTS INC		5 <u>5</u> 5
(Name of Corporati	ion as currently filed with the Florida Dept, of State	
P22000054059		1.54
	N	
(Docum	ment Number of Corporation (if known)	· · · · · ·
Pursuant to the provisions of section 607.1006, Floridates of Incorporation:	a Statutes, this Florida Profit Corporation adopts the f	following amendm
A. If amending name, enter the new name of the co	orporation:	
		The neo
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbri	orporation," "company," or "incorporated" or the abl " or "Co". A professional corporation name must eviation "P.A."	breviation "Corp.
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	220	
D. if amending the registered agent and/or registered new registered agent and/or the new registered  Name of New Registered Agent	ered office address in Florida, enter the name of the l office address;	
	(Florida street address)	
	p. 107.1112 317 001 11111 01137	
New Registered Office Address:	(City), Florida	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the p	osition.
Sign	nature of New Registered Agent, if changing	<del></del>
Check if annicable		

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)

Jul 08, 2022 14:26 (UTC-04)

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove		Mike Jones	
_			
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P	JENNY GUERRA	9536 SW OTTER LANE
Add			STUART, FL 34997
Remove			
2) X Change	v	BRIAN PERALTA	9536 SW OTTER LANE
Add			STUART, FL 34997
Remove 3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u></u>
Add			
Remove			

From: +17722815520 (Walter Gomez)

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) 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)

Jul 08, 2022 14:26 (U1€-04) From: +17722815520 (Walter Gomez)

	07/08/2022	
The date of each amendment(s) adoptic	on:, if other the	an the
date this document was signed.		
Effective date if applicable:	( and OO to offer any file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will not be listed nent of State's records.	as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
must be separately provided for each	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):  ne amendment(s) was/were sufficient for approval	
by	n	
09	(voting group)	
07/08/2022		
Dated	$\alpha$	
	n //	
Simoton A	4/	
Signature	e, president or other officer - if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court	
· •	duciary by that fiduciary)	
_pposses_		
BRI	AN PERALTA	
	(Typed or printed name of person signing)	
PRE	SIDENT	
	(Title of person signing)	