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COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ₩\$43.75 Filing Fee &

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TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

□\$43.75 Filing Fee &

Certificate of Status

Tallahassee, FL 32314

Street Address

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

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment fo Articles of Incorporation of

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Startine Insurance A	sency.	A (
(Name of Corporation as currently.)	iled with the Florida Dept. o	of State)
D		
(Document Number of C		
(Document Number of C	orporation (ii known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adop	pts the following amendment(s) t
A. If amending name, enter the new name of the corporation:		
NA		The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or professional corporation nan	the abbreviation "Corp.," the must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(Fincipal office address <u>most bl. A STREET ADDRESS</u>)		
	~ \	/ N
		<u>//</u>
C. Enter new mailing address, if applicable:		2023
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
	N	
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name	of the co
new registered agent and/or the new registered office address:	·	
Name of New Registered Agent		m
nume of New Negatereu Agem		
		
(Florida street	address)	\triangle
New Registered Office Address:		Florida
(C	ity) Z	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar wit	h and accent the obligations i	of the position
Theren's accept the appointment as registered agent. Traingament wit	rana accept the obligations t	y the position.
Signature of New Reg	istered Agent, if changing	
Charlest and Carlo		
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> <u>Jo</u>	<u>hn Doe</u>	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	Marilyn Harvey	Sepchappy, Fl
Add		`	Sepchappy, FI
.X_ Remove			32358
2) Change	SV_{-}	Oral B. Payne	6062 Proctor Rd
X Add			Tallahas see, Fl
Remove Change			32302
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Auach additional	sheets, if necessary).	(Be specific)	_	
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<u>an amendment</u> provisions for in	provides for an exc solementing the arr	hange, reclassification, or endment if not contained	<u>cancellation of issued s</u> in the amendment itself	hares,
(if not applic	able, indicate N/A)			-
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file d	late)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected	rector, president or other officer – if directors or officers had by an incorporator – if in the hands of a receiver, trustee, and fiduciary by that fiduciary) (Typed or printed name of person signing)	or other court
	(Title of person signing)	
	(raic or person signing)	

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