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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Sentry Legal Insur	ance, Inc.	
DOCUMENT NUM	D2400002560V		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	John Greenway		
		Name of Contact Person	1
	Guardian Litigation Group		
		Firm/ Company	
	17850 Fitch		
	<u></u>	Address	
	Irvine, CA 92614		
		City/ State and Zip Code	ŧ
	johng@guardianlit.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
John Greenway		949 at (	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ām Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation	n as currently filed with the Flor	ida Dept. of State)
(Docume	ent Number of Corporation (if known	wn)
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
Sentry Legal Expense Insurance Corporation		The new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A professional corpo	porated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	n/a	£3
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS )	20
	4AP-71 · · · -	· C_
C. Enter new mailing address, if applicable:	n√a	22
(Mailing address MAY BE A POST OFFICE BOX	)	
		6 . 5 8
D. If amending the registered agent and/or registered	d office addrace in Florida, ente	the name of the
new registered agent and/or the new registered of		the name of the
Name of New Registered Agent		
<del></del>	(Florida street address)	
New Registered Office Address:		. Florida

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	PT	John De	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>SV</u>	Sally Sr	nith		
Type of Action (Check One)	Title		Name		Address
1) Change	n/a	_	n/a		n/a
Add					
Remove					
2) Change		<del></del>			
Add					
Remove 3) Change					-
Add		<del>-</del>			
Remove					
4) Change				<del></del>	
Add					*****
Remove					
5) Change		_		<u> </u>	
Add					
Remove					
6)Change		<del>_</del> -		<del></del>	
Add					
Remove					

(Atta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)	
1		
		<del></del>
_	*	
		·· <del>····</del>
		<del></del>
<u>lf ar</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,	
pro	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
L		

The date of each amendment(s) a date this document was signed.	adoption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were si	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):  It for the amendment(s) was/were sufficient for approval
by	"
<u> </u>	(voting group)
7/5/24 Dated	
Signature	lirector, president or other officer – it directors or officers have not been
selecte	and, by an inecrporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary
	Craig Camp
	(Typed or printed name of person signing)