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PICK-UP WAI	MAIL
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12/12/22--01016--028 **43.0



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Flagler Insurance a	Agency, Inc	
DOCUMENT NUME			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	iter to the following:	
	Tyler Schapiro		
		Name of Contact Persor)
	Flagler Insurance Agency, In	c	
		Firm/ Company	-
	250 Royal Palm Way, Suite 3	807	
	-	Address	·
	Palm Beach FL 33480		
		City/ State and Zip Code	2
	TylerS@FlaglerInsurance.com	m	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Tyler Schapiro		607 at (321-3200
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 Y	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

Plagier instrance Agency, inc		
	of Corporation as curr	ently filed with the Florida Dept, of State)
P93000010904		
	(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, t	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation	:
	-	_
	Jorp," "Inc," or "Co"	The new" "company," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address.		250 Royal Palm Way, Suite 307
(Principal office address MUST BE A S		Palm Beach FL 33480
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		250 Royal Palm Way, Suite 307
channing maness <u>3121 DE 21 OST OTT FCE 1103</u> 0		Palm Beach FL 33480
		address in Florida, enter the name of the
new registered agent and/or the new		<u>ress)</u>
Name of New Registered Agent	Tyler Schapiro	
	250 Royal Palm Way, S	Suite 307
	(Floride	a street address)
New Registered Office Address:	Palm Beach	Florida 33480
No registered office indivess.		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ag	<u>ent:</u>
t nereby accept the appointment as regist	ered agent. Tam famili	iar with and accept the obligations of the position.
	// /	
	1/5	2
	Signature of Ne	w 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)

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 John Doe PTX Remove \underline{V} Mike Jones \underline{X} Add \underline{SV} Sally Smith Type of Action Title Address Name | (Check One) Tyler M Schapiro 250 Royal Palm Way, Suite 307 1) ____ Change Palm Beach FL 33480 _ Add Remove 2) X Change VPRonald V Scalzo Jr 1091 NE Pine Island Rd Cape Coral FL 33991 ____ Add 1091 NE Pine Island Rd Remove S Brittany Viviani Cape Coral FL 33991 Change Δdd ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ____ Add Remove

(Attach additional	dding additional Ar sheets, if necessary).	. (Be specific)	Same to mind			
		<u> </u>		<u></u>		
						
 						
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				<u> </u>		
If an amendment	provides for an exc	hange, reclassific	ation, or cancell:	ition of issued sl	iares,	
provisions for in	nplementing the am	endment if not co	ntained in the ar	nendment itself:		
(ң ноғаррис	able, indicate N/A)					
	·,·					

	06/01/2022	
The date of each amendment(s) at date this document was signed.	loption:, if other	than the
06/0 Effective date <u>if applicable</u> :	1/2022	
	(no more than 90 days after amendment 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, this date will not be liste partment of State's records.	ed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder 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 amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east:	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
12/06/2022 Dated		
Signature		
Selected	ector, president or other officer—If directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)	
	Ronald V Scalzo Jr	
•	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	