## P93000035474

(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:

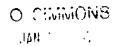
Office Use Only



900322347689

01/02/19--01041--022 \*\*43.75

19 JAN -2 FX 2: 26



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>BUB BYDOKS INCLIPERALAT ALTO INSUVENICE</u> OF CASSEF, INC.
DOCUMENT NUMBER: YM3000359414
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Firm Brooks Jolly Name of Contact Person  Bob Brooks Independent Auto Insurance of Cheset, Inc.  Firm/Company  1245 (1985 At Ave  Address  Address  City/ State and Zip Code  E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Name of Contact Person OR  Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status    \$35 Filing Fee Certified Copy Certificate of Status Certified Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

Bob Broks Induper	of  ALLA ALLO NO  As currently filed with the Flo	SWMC Of	CASSA+, Inc
P02000351	Lay	Tida Dept. of State)	
(Documer	nt Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006. Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corp	ooration adopts the fo	llowing amendment(s) t
A. If amending name, enter the new name of the corp	poration:		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the ab	"Inc," or "Co". A profession		the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	(ESS)	1/A	<u> </u>
			1~
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	1/12	2.2
			. 3
D. If amending the registered agent and/or registered		er the name of the	
new registered agent and/or the new registered of	tice address:		
Name of New Registered Agent	WIA		<del>.</del>
	(Florida street address)		
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Regis			
I hereby accept the appointment as registered agent. I d	am familiar with and accept the	obligations of the pos	ttion.
Signat	ure of New Registered Agent, if o	changing	

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	<u>PT</u> <u>John</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change	PD	Erin Brooks Jolly	10928 Crichton Ra JACKSONVILLE 32221
Remove  2)	VPD	Robert M Brooks	326 Wesley Rd Grun Cove Spas
Remove 3) Change Add			<u>F. 32043</u>
Remove 4) Change Add			1
Remove  5) Change  Add			2: 26
Remove 6) Change Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets. if necessary). (Be specific)	
<del>-</del> · · · · · · · · · · · · · · · · · · ·	
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
$\Lambda//A$	
<del></del>	)
If an amendment provides for an exchange, reclassification, or cancellation of	issued shares.
provisions for implementing the amendment if not contained in the amendme (if not applicable, indicate N/A)	ent itself:
(у погарунсате, насше мя)	
	<u> </u>
NA	
	• •

The date of each amendment(s) adoption:, if other than
Effective date if applicable: 12/26/2018
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 12/26/2018
Signature Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Robert m Brooks
(Typed or printed name of person signing)
Director
(Title of person signing)