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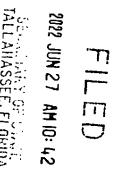
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TO: Amendment Section

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| ted for filing. |
| to the following: |
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| or future annual report notification) |
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| at (954) 533-7800 |
| Area Code & Daytime Telephone Number |
| able to the Florida Department of State: |
| S52.50 Filing Fee Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy (Additional Copy is enclosed) |
| Street Address |
| Amendment Section |
| Division of Corporations |
| The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |
| it it |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| MP INSURANCE, INC. | |
|---|---|
| (Name of Corporation as current | tly filed with the Florida Dept. of State) |
| P93000076786 | |
| (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| MPINS INC | The new |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A. | "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: | 12330 SW 53 ST STE 712 |
| (Principal office address MUST BE A STREET ADDRESS) | Cooper City FL 33330 |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 12330 SW 53 ST STE 712 |
| | Cooper City FL 33330 |
| | |
| D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address | |
| Name of New Registered Agent | 702 |
| | |
| (Florida s | treet address) |
| New Registered Office Address: | Floridam - |
| | (City) |
| | 0 0: 42 |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | <u>II:</u> |
| r nereny accept the apprinament as registered agent. I am jamatar | with and accept the omigations by the position. |
| | |
| | |
| Signature of New | Registered Agent, if changing |

Check if applicable

 \Box 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 | <u>PT</u> | John Doc | |
|-------------------------------|--------------|-------------|---------------|
| X Remove | <u>V</u> | Mike Jones | |
| | | | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | | | |
| Add | | | |
| Remove | | | 2022 |
| 2) Change | | | |
| Add | | | |
| Remove Change | | | SEE FLO |
| Add | | | D: L2 |
| Remove | | | |
| 4) Change | | | _ |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | - |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). (Be specific) | |
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| an amendment provides for an exchange, reclassification, or cancellation of issued share | p.c |
| provisions for implementing the amendment if not contained in the amendment itself: | <u></u> |
| (if not applicable, indicate N/A) | |
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| un. | If other than the |
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| (no more than 90 days after amendment file date) | |
| does not meet the applicable statutory filing requirements, this date wil ment of State's records. | I not be listed as the |
| (CHECK ONE) | |
| by the incorporators, or board of directors without shareholder action and | l shareholder |
| by the shareholders. The number of votes cast for the amendment(s) ent for approval. | |
| d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s): | FIL 1 |
| ne amendment(s) was/were sufficient for approval | W 27 A |
| · | |
| The state of the s | AM 10: 42 |
| | Ļ 2 |
| | |
| r provident or other officer - if directors or officers have not have | |
| an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary) | |
| SSIMO PULCINI | |
| (Typed or printed name of person signing) | |
| SIDENT | |
| | by the incorporators, or board of directors without shareholder action and by the shareholders. The number of votes cast for the amendment(s) ent for approval. If the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s): (voting group) (voting group) (voting group) (voting group) SSIMO PULCINI (Typed or printed name of person signing) |

(Title of person signing)