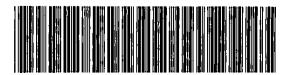
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TDB MAITLAND	PROPERTY, INC.	
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
•	DARLENE BLANKENSHIF	•	
-		Name of Contact Person	1
-		Firm/ Company	
2	224 LOVE LANE		
,	WAYNESVILLE, NC 28786	Address	
-		City/ State and Zip Code	2
DARL	ENE6675@GMAIL.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
DARLENE BLANKENSHIP		at ( <sup>407</sup>	760-4289
Name of Contact Person		Area Coo	de & Daytime Telephone Number
•	the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 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)
Amer Divis P.O. 1	ng Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301



## **Articles of Amendment** Articles of Incorporation of

TDB MAITLAND PROPERTY, INC.		
(Name of Corpora	tion as currently filed with the Florida Dept. of State)	ယ်
P95000047231		
(Docu	ument Number of Corporation (if known)	ر
Pursuant to the provisions of section 607.1006, Floriests Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the follow	ring amendme
A. If amending name, enter the new name of the	corporation:	
TONY BLANKENSHIP INSURANCE AGENCY,	INC.	The new
	ord "corporation," "company," or "incorporated" or the rp," "Inc," or "Co". A professional corporation name must be abbreviation "P.A."	abbreviation
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u> )	
D. If amending the registered agent and/or registence new registered agent and/or the new registered Name of New Registered Agent	ered office address in Florida, enter the name of the doffice address:	
	(Florida street address)	<del></del>
New Registered Office Address:	, Florida	
	(City) (Zi	p Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position	ı.
Sig	nature of New Registered Agent, if 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>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
				•
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis and an analysis
(if not applicable, indicate N/A)	
-	

The date of each amendment(s) a date this document was signed.	doption:, if other than the
MA	Y 8, 2017
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this l document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
MAY 2, 20 Dated	117
selecte	irector, president or officer if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	DARLENE BLANKENSHIP
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)