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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	ANCE & SERVICE AGE	NCY INC.
DOCUMENT NUMB	ER: DOCUMENT# P95000	0087668	
	of Amendment and fee are su		
Please return all corresp	pondence concerning this ma	itter to the following:	
	Robert T. Slatoff		
-		Name of Contact Person	n
	Frank, Weinberg & Black. P	.L.	
-		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	1875 NW Corporate Bouleva	ard, Suite 100	
-		Address	
	Boca Raton, FL 33431		
-		City/ State and Zip Cod	e
eleco.	ryreitano@gmail.com		
	- -	sed for future annual report	notification)
		·	
For further information	concerning this matter, pleas	se call:	
Robert T. Slatoff, Esq.		at (989-0700
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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.	ing Address Indiment Section Ition of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)
REITANO INSURANCE & SERVICE AGENCY INC.	DOCUMENT# P95000087668
(Document Number of (Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "P	0". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent Frank, Weinbe C/O Robert T. (Florida street)	rg and Black, P.L. Slatoff, Esq.; 1875 NW Corporate Bl
New Registered Office Address: Boca Ra	iton Florida 33431 (Zip Code)
New Registered Agent's Signature, it changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar win	h and accept the obligations of the position. istered 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>e</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)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	Sandra Cuellar	1212 NW 14TH ST
x Add				BOCA RATON, FL 33486
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach <i>additi</i>	or adding additions ional sheets, if necess	sary). (Be specific	:)			
						
_						
						-
<u>-</u>						
-						
				.		
•						
						
<u>provisions f</u>	ment provides for an for implementing th applicable, indicate N	e amendment if no	sification, or canc t contained in the	ellation of issued s amendment itself:	hares,	
	 ·					
_						

date this document was signed.	Joption:	, 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 De	lock does not meet the applicable statutory filing requirements, this date vipartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
☐ The amendment(s) was/were app must be separately provided for	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 cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	7/16/19	
Signature		
selected	rector, 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 ed fiduciary by that fiduciary)	
	Greg Reitano	
•	(Typed or printed name of person signing)	 ·
	President	
-	(Title of person signing)	