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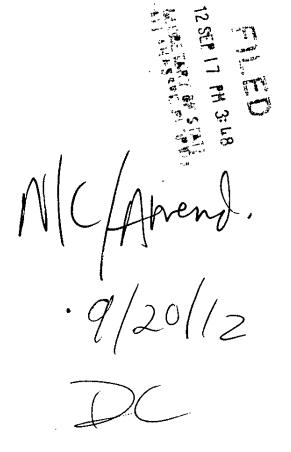
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COVER LETTER

TO: Amendment Section Division of Corporations

•		<u>.</u>		•	
NAME OF CORPORA	TION: A&K SURF	PLUS, CO	DRP.		
DOCUMENT NUMBE	DOCODORGEO				
The enclosed Articles of	Amendment and fee are su	ıbmitted for fil	ing.		
Please return all correspo	ndence concerning this ma	tter to the follo	wing:		
K	ENNETH E SCI	HWARTZ	<u>z</u>		
_		Name of C	ontact Person	n	
C	ERTIFIED INSU	JRANCE	SOLU'	TIONS	
_		Firm/	Company		
1	1555 HERON B	AY BLVI	SUITI	= 200	
_		Ad	dress		
C	ORAL SPRING	S, FL 33	076		
		City/ State	and Zip Cod	e	
KEN	@CICCRM.COM	M			
	E-mail address: (to be us	sed for future a	nnual report	notification)	
For further information o	oncerning this matter, pleas	se call:		4	
KENNETH E S	CHWARTZ	at :	954	, 369-1214	
Name of (Contact Person	<u> </u>		de & Daytime Telephone Number	
Enclosed is a check for the	ne following amount made	payable to the	Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mailin</u> Amend	Street Address Amendment Section				
	n of Corporations			on of Corporations	
	P.O. Box 6327 Clifton Building . Tallahassee, FL 32314 2661 Executive Center Circle				
i allalia	3300, 115 32317			assee, FL 32301	

Articles of Amendment to Articles of Incorporation

A&K SURPLUS, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P9000058631

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	lorida Profit Corporation adopts the following	amendme
A. If amending name, enter the new na CERTIFIED INSURANCE			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "Co	" "company," or "incorporated" or the abb o". A professional corporation name must co A:"	reviation ntain the
B. Enter new principal office address, i	if applicable:	11555 HERON BAY BLVD	
(Principal office address MUST BE A ST	TREET ADDRESS)	SUITE 200	
		CORAL SPRINGS, FL 33076	
C. Enter new mailing address, if applia		11555 HERON BAY BLVD	
		SUITE 200	
		CORAL SPRINGS, FL 33076	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			
TWING OF THE WINDSHIFT WILLIAM	11555 HERON BAY	BLVD SUITE 200	
	(Florida stree	•	
New Registered Office Address:	CORAL SPRING	, riorida	
	(City)	(Zip Code)	
		th and accept the obligations of the position.	
		1/	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P_	KENNETH E SCHWARTZ	11555 HERON BAY BLVD
Add		,	SUITE 200
Remove			CORAL SPRINGS, FL 33076
2) Change			
Add			
Remove			
3)Change			
Add			<u> </u>
Remove			
4) Change	<u> </u>	·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		- 	
Remove			

if an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		(Be specific)	ge(s) here:				
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)							
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)							
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	provisions for implementing the amer	ndment if not co	eation, or ca	ncellation of the amendu	f issued sharent itself;	ares,	

The date of each amendment(s) a	doption: 09/17/2012
Effective date <u>if applicable</u> : 09	9/17/2012
<u></u>	(no more than 90 days after amendment file date)
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) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated_09/11/	2012
Signature	I //
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	KENNETH E SCHWARTZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)