## P96 U000 85932

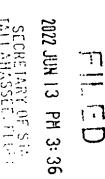
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## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	Moore-Terihay Agency Inc P 960000 85932
DOCUMENT NUMBER:	P 960000 85 932
The enclosed Articles of Amendment and fe	ee are submitted for tiling.
Please return all correspondence concerning	g this matter to the following:  Branda Shirlds
Mou	Name of Contact Person  Ore - Tering Aging Ins  Firm/Company  Orovidence Ru-
Bra	Address  Wdin H 33511  City/ State and Zip Code
E-mail address:	hay a teribay agency. (om (to be used for future annual report notification)
For further information concerning this mat	ter, please call:
Branda Shirld	5 at (813), 503-2976
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of S	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment

## to Articles of Incorporation

Moore-	Terihay	Anchey-	In.
(Name of Corporation as co	urrently filed with the Fl	orida Dept. of State)	
P 910	0000 8593	32	
	mber of Corporation (if kr		TO LE
Pursuant to the provisions of section 607.1006. Florida Statute its Articles of Incorporation:		<i>poration</i> adopts the fo	ollowing sinendment(s
A. If amending name, enter the new name of the corporat	<u>ion:</u>		بی The new
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Co". A professional cor		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		ter the name of the	
Name of New Registered Agent			
47.	orida street address)		
IFIC	orida sireei adaress)		
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am factorise the appointment as registered agent.	Agent: miliar with and accept the	e obligations of the po	sition.
Signature of	New Registered Agent, if	changing	
Check if applicable			

☐ 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 addled:

(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: $\underline{X}$ Change	<u>b.t.</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  Change Add	Title	Brunda Shields	Address  1315 Providence B Brandon, Fl 33511
Remove 2) Change Add			
Remove 3) Change			
Add Remove 4) Change Add			
Remove 5)ChangeAdd			
Remove 6) Change Add			
Damous			

	r adding additional Art nal sheets, if necessary),	(Be specific)			
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nrovisions fo	ent provides for an exc implementing the am	<u>nange, reciassifica</u> endment if not cor	tion, or cancellate tained in the am	<u>iion ot issued shai</u> endment itself:	<u>'es,</u>
(if not ap	olicable, indicate N/A)		itanica in the uni	CHARLEST HACTE	
					. <u></u>

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The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements. artment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amer	ndment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
DatedSignature	6-9-22 Bid	Slels
selected	ector, president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or ot d fiduciary by that fiduciary)	
-	Breiden Shield	<u>.</u>
	(Typed or printed name of person signing)  Presiden +	
-	(Title of person signing)	