P9700029759

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TANANCE FIORD

AUS 0 9 2018 S. YOUNG



August 1, 2018

MARIA C REED COMMERCIAL INSURANCE RESOURCES, INC 36 HARBOUR ISLE DRIVE WEST STE 206 FORT PIERCE, FL 34949

SUBJECT: COMMERCIAL INSURANCE RESOURCES, INC.

Ref. Number: P97000029759

We have received your document for COMMERCIAL INSURANCE RESOURCES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 818A00015844

1 DEASE SEE ATTACHED.

LANG-9 AHIU: 1

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FL INSURA	NCE RESOURCE	ES, INC.	(NEW CORP NAME)			
DOCUMENT NUMBER:	P9700002975	9					
The enclosed Articles of Amend	ment and fee are s	ubmitted for film	¥.				
Please return all correspondence	concerning this ma	atter to the follow	ing:				
	MARIA C. RI	EED					
 -		Name of Con	itaci Perso	in			
C	COMMERCIAL INSURANCE RESOURCES, INC.						
Firm' Company							
36 117	36 HARBOUR ISLE DRIVE WEST, SUITE 206						
		Addr	ess	··· - ··· · · · · · · · · · · · · · · ·			
FOR	Γ PIERCE, FL 349	3 49					
		City/ State an	d Zip Cod	ν			
		21		. 10. 1			
li-ma	eresourcesinc@gn il address: (to be u	sed for future ann	mariaci ual report	reed@aol.com notification)			
For further information concerning	ng this matter, plea	se call:					
MARIA C. REED		ai (407	, 463-8155			
Name of Contact Person			Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State PAID							
S35 Filing Fee S43	.75 Filing Fee & ifficate of Status	S43.75 Filin Certified Co (Additional c enclosed)	py	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle					

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation

of

COMMERCIAL INSURANCE RESOURCES, INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P97000029759	
(Document Number of	of Corporation ()f known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
FL INSURANCE RESOURCES, INC.	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	m," "company," or "incorporated" or the abbreviation "Co". 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>)	36 HARBOUR ISLE DRIVE WEST, SUITE 206
	FORT_PIERCE, FL 34949
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	36 HARBOUR ISLE DRIVE WEST, SUITE 206
	FORT PIERCE, FL 34949
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
New Registered Office Address; New Registered Agent's Signature, if changing Registered Agent	(City) Florida Florida (City) 72.pr Coeff PH 3
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New I	legistered Agent, it 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:

tAttach 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>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			· · - · ·
Remove			
2) Change			
Add			<u> </u>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
-	
·	
If an amount mount is to force and	Annual of the state of the stat
provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adoption: _ date this document was signed.	AUGUST 1, 2018	, if other than the
Ç	UST 1, 2018	
Effective date it approprie:	tno more than 90 days after amendment tile date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, if State's records.	this date will not be listed as the
Adoption of Amendment(s) (\underline{C})	HECK ONE)	
☑ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amen- approval.	dinent(s)
	he shareholders through voting groups. The following g group entitled to vote separately on the amendment	
"The number of votes east for the amo	endment(s) was/were sufficient for approval	
by	oting group)	
tva	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareho	ddei
Dated <u>AUGUST 1, 2014</u>		
(By a director, pre	sident or other officer – if directors or officers have no corporator – if in the hands of a receiver, trustee, or off	ot been
appointed fiducian	ry by that fiduciary)	ier court
MAR	IA C. REED	
	(Typed or printed name of person signing)	
PRES	IDENT	
	(Title of person suming)	