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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Jack Richa	ards Insurance Agency, Inc.
DOCUMENT NUMBER: P9700008432	27
The enclosed Articles of Amendment and fee are so	
Please return all correspondence concerning this ma	atter to the following:
Jack C. Richards	s, Jr.
· · · · · · · · · · · · · · · · · · ·	Name of Contact Person
Jack Richards In	surance Agency, Inc.
	Firm/ Company
5224 West State	Road 46, Suite 407
	Address
Sanford, Florida	32771
	City/ State and Zip Code
Jack@JackRichards	Insurance com
	sed for future annual report notification)
is man address. (to ve a	see to facile annual report normalities.
For further information concerning this matter, plea	se call:
Jack C. Richards, Jr.	at (407) 688-7000
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$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 Articles of Incorporation

Jack Richards Insurance Agency, Inc.

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

P97000084327

dment(s) to

	er of Corporation (11 knov	•	
rsuant to the provisions of section 607.1006, Fl Articles of Incorporation:	orida Statutes, this <i>Floria</i>	a Profit Corporation	adopts the following am
If amending name, enter the new name of the	<u>ie corporation:</u>		
			The
ime must be distinguishable and contain the Corp., " "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	Corp, " "Inc," or "Co".	A professional corpo	porated" or the abbrev
Enter new principal office address, if applic	able:		
rincipal office address <u>MUST BE A STREET</u> .			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)	<u> </u>	
			
If amending the registered agent and/or reg		Florida, enter the na	ime of the
new registered agent and/or the new registe	red of fice address:		
Name of New Registered Agent			
	(Florida street add	ress)	_
New Registered Office Address:		, Florid	ធ
ACH REGISTORY Office Address.	(City)		(Zip Code)
ew Registered Agent's Signature, if changing			C.J
ereby accept the appointment as registered age	ni i am familiar with ar	a accept the obligation	ns of the position.
			_
Signature o	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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Cheek One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Linda K. Richards	848 Wood Briar Loop
√ ∧dd			Sanford, Florida
Remove			32771
2) Change			
Add			
Remove			
3) Change			
Add			- · · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)			•.
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an amendment provides for an exchange, reclassification, or can	cellation of issued	shares	
provisions for implementing the amendment if not contained in th	cellation of issued to amendment itse	shares,	1
an amendment provides for an exchange, reclassification, or can provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	cellation of issued c amendment itse	shares. If:	
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The date of each amendmen		, if other than the
date this document was signed		
Effective date if applicable:	7/3/2014 (no more than 90 days after amendment file date)	<u> </u>
	(no more than 90 days after amenament file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
hy		
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_ 7/3 /	/2014	
Dated	Jall Cielrah Cf.	
(1	, , , , , , , , , , , , , , , , , , ,	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Jack C. Richards, Jr.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	*************************************