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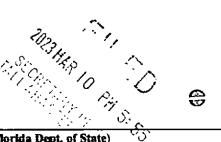
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Riley Insurance Se	rvices, Inc	
		bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Lewis Charles Webb II		
		Name of Contact Person	n.
	Riley Insurance Services, Inc	: 	
	Name of Contact Person  Riley Insurance Services, Inc  Firm/ Company  8255 Edgewood Ave. W  Address  Jacksonville, FL 32208  City/ State and Zip Code  chuck@riley webbins.com  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  les Webb II  Name of Contact Person  at (410		
	8255 Edgewood Ave. W	P99000051708  **Rendment** and fee are submitted for filing.  **Increase concerning this matter to the following:  **S Charles Webb II  **Name of Contact Person**  **Insurance Services, Inc.**  **Firm/ Company**  Edgewood Ave. W  **Address**  **Onville, FL 32208**  **City/ State and Zip Code**  **Code & Daytime Telephone Number**  **Serving this matter, please call:**  **Area Code & Daytime Telephone Number**  **Solution of State**  **State** Address**  **Area Code & Daytime Telephone Number**  **Solution of State**  **Solution of State**  **Solution of State**  **Area Code & Daytime Telephone Number**  **Solution of State**  **Solution of State**  **Solution of State**  **Area Code & Daytime Telephone Number**  **Solution of State**  **Solution of State**  **Solution of State**  **Area Code & Daytime Telephone Number**  **Solution of State**  **Solution of State**  **Solution of State**  **Area Code & Daytime Telephone Number**  **Solution of State**  **Solution of State**  **Solution of State**  **Area Code & Daytime Telephone Number**  **Solution of State**  **Solution of Corporations**  **Solu	
		Address	ame of Contact Person  Firm/ Company  Address  Address  Address  Area Code & Daytime Telephone Number  ble to the Florida Department of State:  \$43.75 Filing Fee & \$\sumeq\$\$ Certificate of Status  Certified Copy Certificate of Status  Additional copy is enclosed)  Street Address  Amendment Section  Division of Corporations  The Centre of Tallahassee
	Jacksonville, FL 32208		
		City/ State and Zip Code	2
	chuck@rileywebbins.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Lewis Charles Webb	оп	at (410	924-6148
Name	of Contact Person		
Enclosed is a check f	or the following amount made	payable to the Florida Depr	urtinent of State:
\$35 Filing Fee	_	Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy
An Dir P.C	nendment Section vision of Corporations	Amend Division The C 2415 I	Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of



Riley Insurance Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State P99000051708 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Riley Webb Insurance, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Lewis Charles Webb, II Name of New Registered Agent 825 Edgewood Ave West (Florida street address) Florida 32208 Jacksonville New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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.

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: PT John Doe X Change V Mike Jones X Remove X Add SV Sally Smith Name Type of Action Title (Check One) CEO P 1) \_\_\_\_ Change Remove 2) Khange \_\_\_\_ Add Remove 3) Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change

\_\_\_\_ Add

6) \_\_\_\_ Change

\_\_\_\_ Add

\_\_\_\_ Remove

\_\_\_ Remove

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

[[ amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
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he date of each amendment(s)	adoption:	if other than th
te this document was signed.		
Mective date if applicable:		
	(no more than 90 days after amendment file date)	
ote: If the date inserted in this ocument's effective date on the	block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	at be listed as th
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and sha	ireholder
The amendment(s) was/were a by the shareholders was/were	sufficient for approval.	
must be separately provided f	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):  st for the amendment(s) was/were sufficient for approval	
	or to the angularity) was were surrected to approve	
by	(voting group)	
02/08/20 Dated Signature	23	
` <b>-</b>	disection, president or other officer - if directors or officers have not been	
	ted, by an incomparator — if in the hunds of a necessar, trustee, or other court inted fiduciary by that fiduciary)	
	Lewis Charles Webb II	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	<del></del>