500180

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SECRETARY OF SECRE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: Lighthouse Insuran	nce Resources Inc.			
DOCUMENT NUM					
	es of Amendment and fee are su	bmitted for filing.			
Please return all cort	respondence concerning this ma	tter to the following:			
	William Roger Grissinger				
		Name of Contact Persor	1		
	Lighthouse Insurance Resour	rces Inc.			
	 	Firm/ Company			
	2731 NE 8 Court				
		Address			
	Pompano Beach, FL 33062				
		City/ State and Zip Code	2		
	rgriss@lighthouse-ins.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informat William Roger Gris	ion concerning this matter, plea	se call: 954 at (786-1640		
Nam	e of Contact Person		de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ailing Address		Address		
	mendment Section	Amendment Section			
	vision of Corporations		on of Corporations		
	O. Box 6327		entre of Tallahassee		
I a	ıllahassee, FL 32314	2413 f	N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED
2022 JAN 18 AM 11: 27
SECRETARY OF STATE ALLAHASCEE, FILE

Lighthouse Insurance Resources Inc.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation	n as currently filed with the Florida Dept. of State) FALLAHASSET .
S00180	WHENHASOES A
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	rporation:
	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	
1 The part office data ess into ST BE 7 STREET 7 IDIZI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>
D. If amending the registered agent and/or registere	
new registered agent and/or the new registered o	ffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent
	am familiar with and accept the obligations of the position.
	CN- Private Library Selver
Nignat	ture 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				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	Name	<u>Addres</u> s			
1) Change	V	John David Burnside	6062 SE Landing Way Unit 12-4			
X Add			Stuart, FL 34997			
Remove						
2) Change						
Add						
Remove 3) Change						
Add			<u> </u>			
Remove						
4) Change						
Add						
Remove						
5) Change			···			
Add						
Remove						
6) Change						
Add						
Remove						

ицасп <i>ид</i> а	ditional sheet:	s, if necessary). (Be spec	ific)				
								
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				-				
<u></u>								
							 	
								
		 	 					
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fan ame	ndment prov	ides for an ex	change, recl	assification	or cancellati	ion of issued sl	hares,	
<u>provisior</u> (<i>if nc</i>	is for impiem of applicable.	indicate N/A)	nenument ii	not contain	ied in the ami	endment itself	<u>.</u>	
		,						
								
-		<u> </u>	-					
	 							
	··					<u> </u>		
								 -
	·							

The date of each amendment(s)) adoption:		_, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :	Ino more than 6	90 days after amendment file date)	
	(no more than s	or adys after amenament file adie)	
Note: If the date inserted in this document's effective date on the		icable statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were action was not required.	adopted by the incorporators, or	board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were aby the shareholders was/were		ne number of votes cast for the amendment(s)	
		rough voting groups. The following statement ovote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/we	ere sufficient for approval	
by		<u>.</u>	
	(voting group)		
Dated	er 15th, 2021		
selec		icer – if directors or officers have not been he hands of a receiver, trustee, or other court y)	_
	William Roger Grissinger		
	(Typed or printed	name of person signing)	
	President/Director		
	(Title of person si	igning)	