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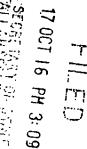


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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TREASURE COA	ST INSURANCE AGENC	Y, INC.	
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	DAVID DALESSANDRO			
•		Name of Contact Person	1	
	TREASURE COAST INSUF	RANCE AGENCY, INC.		
		Firm/ Company		
	100 S. MILITARY TRAIL #			
•	· · · · · · · · · · · · · · · · · · ·	Address	<del> </del>	
	DEERFIELD BEACH, FL 3	3442		
•	•	City/ State and Zip Cod	e	
davide	@bocabay.com			
	·	sed for future annual report	notification)	
		·		
For further information	concerning this matter, pleas	se call:		
DAVID DALESSAN	DRO	917	414-7965	
Name of Contact Person		Area Co	) 414-7965 de & Daytime Telephone Number	
Enclosed is a check for	the following amount made:	navable to the Florida Dena	artment of State:	
	,	pa, 1014 10 101 1 101 1 1 1 1 1 1 1 1 1 1 1		
■ \$35 Filing Fee	☐\$43.75 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)	
	ling Address		Address	
	ndment Section	Amendment Section		
	sion of Corporations  Box 6327	Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED 17 OCT 16 PM 3: 09

11 001 10 111 3.03

TREASURE COAST INSURANCE AGENCY, INC.

-SECRETARY OF STATES TALLAHASSEE FERMICA

(Name (	of Corporation as currer	ntly filed with the Florida Dept, of State)
S64194		·
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
N/A		The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	ion," "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 MUST BE A STREET ADDRESS)		N/A
C. Enter new mailing address, if appli	cable:	N/A
(Mailing address MAY BE A POST)		18/74
D. If amending the registered agent an new registered agent and/or the new		
<del></del>	N/A	
Name of New Registered Agent		-
	(Florida	street address)
	N/A	sireer distriction
New Registered Office Address:		
		Tap conty
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the obligations of the position.
	Signature of New	v 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	PT	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	PTSD	_	DAVID DALESSANDRO	100 S. MILITARY TRAIL #24
Add				DEERFIELD BEACH, FL 33442
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares.
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A

	10/12/17
The date of each amendment(s) a date this document was signed.	doption:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
10/12/17	
DatedSignature/	and Deleure
(By a selecte	director, president or other officer – if directors or officers have not been ed. by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	DAVID DALESSANDRO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)