V50599

(Requestor's Name)				
(Address)				
(Address)				
	ty/State/Zip/Phone			
(CII	ty/State/Zip/F110116	z #)		
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Patricia F	Roy Potts Insuranc	ce Agency, Inc.
DOCUMENT NUMBER: V50599		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Patricia Roy Du	ınn	
 	Name of Contact Perso	n
Patricia Roy Po	otts Insurance Age	ency, Inc.
	Firm/ Company	
4644 Gandy Bl	vd., Suite 5	
 	Address	
Tampa, Fl 3361	11	
	City/ State and Zip Cod	e
prdunn59@gmail.c	·om	
, —	e used for future annual report	notification)
E man address. (to o	o used for fature annual report	nothication)
For further information concerning this matter, p	lease call:	
Patricia Roy Potts	at (813	、286-3077
Name of Contact Person		de & Daytime Telephone Number
		•
Enclosed is a check for the following amount ma-	de payable to the Florida Depa	artment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		■\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

οf



Patricia Roy Potts Insurance Agency, Inc.	15 APR 13 PM 1: 38
(Name of Corporation as currently filed with the Florida	1 Dept. of State)
V50599	<u>. </u>
(Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	la Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
Patricia Roy Dunn Insurance Agency, Inc.	The new
name must be distinguishable and contain the word "corporation," "c "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", word "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation A professional corporation name must contain the
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 new registered agent and/or the new registered office address:	Florida, enter the name of the
Name of New Registered Agent	
(Florida street ada	lress)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an Signature of New Registered Agent,	

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Joi	nes	
_X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change	W	_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change			•	
Add				
Remove				
5) Change				
[" - "]		_		
Add Remove				
Kemove				
6) Change	NAME OF THE OWNER OWNER OF THE OWNER OWNE			
Add				
Remove				

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

The date of each amendmen	t(s) adoption: April 9, 2015	FILE: STATE OF THE CONTROL OF THE CO
date this document was signed	l.	DIVISION OF COM 3
Effective date if applicable:	April 9, 2015	15 APR 13 PM 1: 38
	(no more than 90 days after a	amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of vere sufficient for approval.	otes cast for the amendment(s)
	re approved by the shareholders through voting ged for each voting group entitled to vote separate	
"The number of vote	s cast for the amendment(s) was/were sufficient for	or approval
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without share	eholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without sharehold	der action and shareholder
_{Dated} Apr	il 9, 20 <u>15</u>	
Signature (The sold	
(E	By a director, president or other officer – if direct clected, by an incorporator – if in the hands of a rppointed fiduciary by that fiduciary)	
	Patricia Roy Dunn	
	(Typed or printed name of	of person signing)
	President	
	(Title of person s	signing)