

F0300000594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

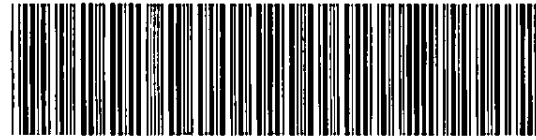
(Business Entity Name)

(Document Number)

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NOV 21 2017  
S. SOYOUNG

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 21 AM 3:10

FILED FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2017

ANDREW HART  
3H CORPORATE SERVICES, LLC  
6 CLEMENT AVENUE  
SARATOGA SPRINGS, NY 12866

SUBJECT: WALTER L. CLARK & ASSOCIATES, INC.  
Ref. Number: F03000005991

We have received your document for WALTER L. CLARK & ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FILL IN #4 ON SECTION II

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 117A00022824

RECEIVED  
17 NOV 21 PM 2:38  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Walter L. Clark & Associates, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F0300005991

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Hart

Name of Contact Person

3H Corporate Services, LLC

Firm/Company

6 Clement Avenue

Address

Saratoga Springs, NY 12866

City/State and Zip Code

ascension@3hes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Hart

at ( 518 ) 583-0639 Ext 116

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 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)

**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

**PROFIT CORPORATION  
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO  
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I  
(1-3 MUST BE COMPLETED)**

F0300000599

(Document number of corporation (if known))

1. Walter L. Clark & Associates, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. California

(Incorporated under laws of)

3. 11/24/2003

(Date authorized to do business in Florida)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECTION II  
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 10/30/2017

5. Relation Insurance Services of Central California, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Edward Nathan Page

(Typed or printed name of person signing)

Secretary

(Title of person signing)

A0804605



Secretary of State  
Certificate of Amendment of  
Articles of Incorporation  
Name Change Only - Stock

AMDT-  
STK-NA

FILED  
Secretary of State  
State of California

OCT 30 2017

IMPORTANT — Read instructions before completing this form.

Filing Fee — \$30.00

Copy Fees — First Page \$1.00 & .50 for each attachment page;  
Certification Fee — \$5.00

LCC This Space For Office Use Only

1. Corporation Name (Enter the exact name of the corporation as it currently is recorded with the California Secretary of State.)

Walter L. Clark & Associates, Inc.

2. 7-Digit Secretary of State File Number

C0450058

3. New Corporation Name

Item 3a: Enter the number, letter or other designation assigned to the provision in the Articles of Incorporation being amended (e.g., "I," "First," or "A"). See instructions if the provision in the Articles of Incorporation being amended does not include a number, letter, or other designation. Any attachment is made part of this document.

Item 3b: Enter the new corporate name.

3a. Article 1 of the Articles of Incorporation is amended to read as shown in Item 3b below:

3b. The name of the corporation is Relation Insurance Services of Central California, Inc.

4. Approval Statements

4a. The Board of Directors has approved the amendment of the Articles of Incorporation.

4b. Shareholder approval was (check one):

By the required vote of shareholders in accordance with California Corporations Code section 902. The total number of outstanding shares of the corporation is 3,750. The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than 50%.

Not required because the corporation has no outstanding shares.

5. Read, sign and date below (See instructions for signature requirements. Note: Both lines must be signed.)

We declare under penalty of perjury under the laws of the State of California that the matters set forth herein are true and correct of our own knowledge and we are authorized by California law to sign.

10/11/17  
Date

Signature

Edward Nathan Page  
Type or Print Name of President

10/11/17  
Date

Signature

Edward Nathan Page  
Type or Print Name of Secretary



I hereby certify that the foregoing  
transcript of \_\_\_\_\_ page(s)  
is a full, true and correct copy of the  
original record in the custody of the  
California Secretary of State's office.

OCT 30 2017 GS

Date: \_\_\_\_\_

*Alex Padilla*

ALEX PADILLA, Secretary of State

**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

RELATION INSURANCE SERVICES OF CENTRAL CALIFORNIA, INC.

FILE NUMBER: C0450058  
FORMATION DATE: 04/26/1963  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of October 30, 2017.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA  
Secretary of State