F060000004018

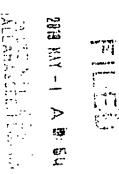
(Req	uestor's Name)	
(Addi	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	·
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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04/02/19--01018--008 **35.00



ECC 8 0 AAN

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:Smith Insurance Associates, Inc.	
Name	e of Corporation
DOCUMENT NUMBER: F06000004018	
The enclosed Amendment and fee are subr	nitted for filing.
Please return all correspondence concerning	g this matter to the following:
Sabrina Slater	
Name of Contact Person	
Insurance Licensing Services Of America, Inc.	
Firm/Company	_
111 N. Railroad St.	
Address	
Groesbeck, TX 76642	
City/State and Zip Code	
johara@smithinsurance.com	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this ma	tter, please call:
Sabrina Slater	at (254 729-6109 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$35.00 Filing Fee S43.75 Filing Fee 8 Certificate of Statu	
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301



April 12, 2019

SABRINA SLATER 111 N RAILROAD ST GROESBECK, TX 76642

SUBJECT: SMITH INSURANCE ASSOCIATES, INC.

Ref. Number: F06000004018

We have received your document for SMITH INSURANCE 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

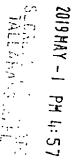
Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 219A00007409



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)

	F06000004018		
	(Document numb	per of corporation (if known)	
Smith Insurance Associates,	, Inc.		
	(Name of corporation as it appea	rs on the records of the Departr	nent of State)
PA		3.06/08/2006	
(Incorp	orated under laws of)	(Date author	ized to do business in Florida)
	SI (4-7 complete onl	ECTION II LY THE APPLICABLE CHAN	G ES)
. If the amendment chan	ges the name of the corpora	tion, when was the change	effected under the laws of
its jurisdiction of incom	poration? ²⁻¹²⁻²⁰¹⁹		7. 2.
SSFW. Inc.			
appropriate abbreviati	ion, if not contained in new	name of the corporation)	mpany," or "incorporated," or
(If new name is unavail business in Florida)	able in Florida, enter alterna	ite corporate name adopte	for the purpose of transacting
5. If the amendment chan	ges the period of duration, i	ndicate new period of dura	ation.
	(r	New duration).	
7. If the amendment chan	ges the jurisdiction of incor	poration, indicate new juri	sdiction.
	(No	ew jurisdiction)	 .
 Attached is a certificate 90 days prior to deliver having custody of corp 	e or document of similar im ry of the application to the D orate records in the jurisdict	port, evidencing the amen department of State, by the tion under the laws of which	iment, authenticated not more than Secretary of State or other official chit is incorporated.
	(Signature of a director, po of a receiver or other cou	resident or other officer - if in the resident or other officer.	ec hands (duciary)
Stephen R. Smith Jr.		President	
(Typed or print	ted name of person signing)	(Titio	of person signing)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 03/28/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

SFW Family, Inc.

I, Kathy Boockvar, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Feb 12, 2019 - Pages (2)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC190328141095-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZAT Pennsylvania Department of State

Entity#: 2053202 Date Filed: 02/12/2019

Articles of Amendment-Domestic Corporation (15 Pa.C.S.)

X Business Corporation (§ 1915) Nonprofit Corporation (§ 5915)

Nar					Document will be retuname and address vo	
_		stem C T Corpora	tion System	 _	the left.	
	tress 00 EASTON CMP	SS WAY STE 125	COLUMB	DS .		
City		State	Zip Code			
•	DLUMBUS	OH	43219			
_	· ·					
\$	570,00					
(,,)	7717.1119					
`anır	iliance with the re	aniroment of the	unnlicable	nyayiriane (valu	ting to articles of am	endment), the undersigne
ring	g to amend its arti	cles, hereby states	that:	provisions (reia	ung to articles of am	enoment), the undersigne
1.	The name of the	corporation is:				
	SMITH INSUR	ANCE ASSOCIA	res, inc.			
				_ 		
						·
2.	The (a) address	of this corporation	n's current :	registered office	in this Commonwea	lth or (b) name of its is hereby authorized to
	correct the follo	wing information	to conform 1	to the records of	the Department):	is nevery authorized to
	(a) Number and		City	State	Zip	County
	1120 RETHUE1	IEM PIKE STE	SPRING	PA	19477-0	Montgomery
	208		HOUSE		1.27/7-0	tronigoniciy
	D/A D/AV 650					
	PO BOX 858,					
	(b) Name of Con	nmercial Registere	ed Office Pr	ovider		County
als		•				4. 4. 4. 1. 1.
c/o	<u>:</u>					
						
- —			-		- <u>-</u>	
3.	 The statute by o incorporated; 	r under which it w	vas	BCL 198	8	
	-					
4.	The date of its in	acorporation: <u>10/</u>	/ <u>4/1991</u>			1
5.	Charle and if an	 propriate, complete		· · · ·		
.'.		•		• *		
				iling these Artic	les of Amendment in	the Department of State.
	The amend	ment shall be effec	ctive on:		at	<u></u>
				Date	Hour	

6,	Check one of the following:				
	The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).				
	X The amendment was adopted by the board	l of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).			
7.	Check, and if appropriate, complete one of the fol	Howing:			
	X The amendment adopted by the corporation, set forth in full, is as follows				
	The name has been changed to: SFW Family, Ir	nc.			
	The amendment adopted by the corporation part hereof.	on is set forth in full in Exhibit A attached hereto and made a			
8.	Check if the amendment restates the Articles: The restated Articles of Incorporation super-	ersede the original articles and all amendments thereto.			
		IN TESTIMONY WHEREOF, the undersigned			
		corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this			
		corporation has caused these Articles of Amendment to			
		corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this			
		corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this 12 day of February . 2019			
		corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this 12 day of February . 2019 SMITH INSURANCE ASSOCIATES, INC.			
		corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this 12 day of February . 2019 SMITH INSURANCE ASSOCIATES, INC. Nume of Corporation			
		corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this 12 day of February . 2019 SMITH INSURANCE ASSOCIATES, INC. Name of Corporation Stephen R. Smith Jr.			