F06000004018

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 MAY -1 A 9:54

MAY 08 2019
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Smith Insurance Associates, Inc.
Name of Corporation

DOCUMENT NUMBER: F06000004018

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning 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 annual report notification)

For further information concerning this matter, please call:

Sabrina Slater at (254) 729-6109
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

RECEIVED
2019 MAY -1 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 number of corporation (if known))

1. Smith Insurance Associates, Inc.

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

2. PA
(Incorporated under laws of)

3. 06/08/2006
(Date authorized to do business in 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? 2-12-2019

5. SSFW, 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.

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

Stephen R. Smith Jr.
(Typed or printed name of person signing)

President
(Title 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

Kathy Boockvar

Acting Secretary of the Commonwealth

Certification Number: TSC190328141095-1

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

Entity# : 2053202
Date Filed : 02/12/2019
Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZAT

Articles of Amendment-Domestic Corporation

(15 Pa.C.S.)

_X_ Business Corporation (§ 1915)
__ Nonprofit Corporation (§ 5915)

Name
C T Corporation System C T Corporation System

Address
4400 EASTON CMNS WAY STE 125, COLUMBUS

City | State | Zip Code
COLUMBUS | OH | 43219

Document will be returned to the name and address you enter to the left.

Fee: $70.00

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:

   SMITH INSURANCE ASSOCIATES, INC.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
1120 BETHLEHEM PIKE STE 208	SPRING HOUSE	PA	19477-0	Montgomery

PO BOX 858,

(b) Name of Commercial Registered Office Provider | County

c/o:

3. The statute by or under which it was incorporated: BCL 1988

4. The date of its incorporation: 10/4/1991

5. *Check, and if appropriate, complete one of the following:*

   _X_ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

   ____ The amendment shall be effective on: _____ (Date) at _____ (Hour)

DSCB: 15-1915/5915-2

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 of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. *Check, and if appropriate, complete one of the following:*

_X_ The amendment adopted by the corporation, set forth in full, is as follows

The name has been changed to: SFW Family, Inc.

____ The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. *Check if the amendment restates the Articles:*

____ The restated Articles of Incorporation supersede 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

12 day of February , 2019 .

SMITH INSURANCE ASSOCIATES, INC.

Name of Corporation

Stephen R. Smith Jr.

Signature

President

Title