L09483

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(Business Entity Name)	_
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	RICHARDS	ON INSURA	ANCE AGE	ENCY,	INC.
DOCUMENT NUMBER:	R:L09483				
The enclosed Articles of Amenda	ment and fee are sul	omitted for filing	; .		
Please return all correspondence	concerning this mat	ter to the followi	ing:		
	Loraina	G. Richar	dson		
	Name of Contact Person				
Richardson Insurance AGency, Inc.					Inc.
		Firm/ Co	mpany		
	9880-3 San Jose Boulevard				
		Addre	ess		
	Jackson	ville, FL		7	
		City/ State and	d Zip Code		
	charlie@	richardsc	onins.co	om	
E-ma	il address: (to be us				n)
For further information concerning			004	26	0 0000
Name of Contact	G. Richardso Person	on at (0 – 8 0 0 0 me Telephone Number
Enclosed is a check for the follow	ving amount made p	payable to the Flo		-	•
	3.75 Filing Fee & tificate of Status	□\$43.75 Filing Certified Con (Additional conclosed)	ру	Certifi Certifi (Addit	Filing Fee cate of Status ed Copy ional Copy losed)
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fl		Street Ad Amendm Division Clifton B 2661 Exe Tallahass	ent Section of Corporuilding coutive C	rations enter Circle	

Articles of Amendment to Articles of Incorporation of

Richardson Insura			
(Name of Corporati	ion as currently filed with the Florida D	ept. of State)	
(Docur	ment Number of Corporation (if known)		
cursuant to the provisions of section 607.1006, Florid as Articles of Incorporation:	la Statutes, this <i>Florida Profit Corporation</i>	n adopts the following	g amendment(
A. If amending name, enter the new name of the co	orporation:		
N/A			The new
came must be distinguishable and contain the word corp.," "Inc.," or Co.," or the designation "Corpord" chartered," "professional association," or the	p," "Inc," or "Co". A professional corp	orporated" or the accoration name must o	bbreviation contain the
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>			
NIA			
7711		≥ %:	- -
. Enter new mailing address, if applicable:		た	₹
(Mailing address MAY BE A POST OFFICE BO	<u></u>		78
NIA		1900 - 19	
7-7-			
			<u>ω</u> ω
 If amending the registered agent and/or registered new registered agent and/or the new registered 		name of the	-
	d office address: N/A		
Name of New Registered Agent			-
			_
	(Florida street address)		
New Registered Office Address:	(Cit.)	, Florida	Code)
	(City)	(z_ip)	coue)
New Registered Agent's Signature, if changing Re	gistered Agent:		
hereby accept the appointment as registered agent.	I am familiar with and accept the obliga	tions of the position.	
Sign	nature of New Registered Agent if changi	по	_

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.

Mike Jones, V as Remo Example:	ove, and Sally	y Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u></u>	Connie S. Butler	6602 White Blossom CIR Jacksonville, FL 32258
Add			
_X_Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

took additional about if apparatus) (Page = = :C=)	
tach additional sheets, if necessary). (Be specific)	
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	·
an amendment provides for an exchange, reclassification, or cancellation of issued	shares, N/A
an amendment provides for an exchange, reclassification, or cancellation of issued rovisions for implementing the amendment if not contained in the amendment itsel	f: /V / / /
(if not applicable, indicate N/A)	
(3 41	

The date of each amendment(state this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :	11-02-2015	
<u></u>	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Detect	1/-2-15	
Dated Signature	Loraina M. Thihardson	
(By sel	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Loraina G. Richardson	
	(Typed or printed name of person signing)	
	President, Secretary and Treasurer (Title of person signing)	