

PO20000029958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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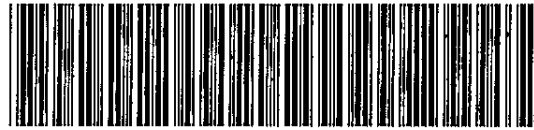
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/28/04--01034--006 **43.75

FILED
04 JUN 28 PM 2:15
TALLAHASSEE, FLORIDA

ACC
MD 7/8

TAD CONSULTING, INC.
Life, Health and Disability Insurance

789 S. Federal Hwy, Suite 213, Stuart, FL 34994
Phone: 772-220-3168 Fax: 772-220-0338

June 25, 2004

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a Transmittal Letter and a check for \$43.75 to process a name change for the above Corporation.

If any further documentation is needed please contact me at the above number.

Thank you.

Sincerely,



Donna D. Carluccio
Vice President

Enclosures

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: change of business name

DOCUMENT NUMBER: P02000029958

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNA CARLUCCIO
(Name of Person)

TAD CONSULTING, INC.
(Name of Firm/ Company)

789 S. FEDERAL HWY, Suite 213
(Address)

STUART, FL 34994
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

DONNA CARLUCCIO at (772) 220-3168
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

TAD CONSULTING, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

PO 2000029958

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

THE CARLUCCI AGENCY, INC.

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: June 25, 2004

Effective date if applicable: July 1, 2004
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 25 day of June, 2004.

Signature

Donna D. Carluccio
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DONNA D. CARLUCCIO

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE: \$35