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FILED
16 OCT -9 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amel
OCT 14 2013
R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HIGHPOINT INSURANCE AGENCY, INC.
DOCUMENT NUMBER: P10000013952

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

Please return all correspondence concerning this matter to the following:

XIOMARA SPADAFORA
Name of Contact Person
ZELLNER INSURANCE AGENCY, INC.
Firm/ Company
4114 SUNBEAM ROAD SUITE 101
Address
JACKSONVILLE, FL 32257
City/ State and Zip Code
xiomara@zellnerinsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XIOMARA SPADAFORA at (904) 7188301
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2013

XIOMARA SPADAFORA
HIGHPOINT INSURANCE AGENCY INC
4114 SUNBEAM ROAD SUITE 101
JACKSONVILLE, FL 32257

SUBJECT: HIGHPOINT INSURANCE AGENCY, INC.
Ref. Number: P10000013952

We have received your document for HIGHPOINT INSURANCE AGENCY, INC. and your check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Rebekah White
Regulatory Specialist II

Letter Number: 713A00021875



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

SEP 30 2013

GEORGE A. ZELLNER CO.

September 17, 2013

XIOMARA SPADAFORA
HIGHPOINT INSURANCE AGENCY INC
4114 SUNBEAM ROAD SUITE 101
JACKSONVILLE, FL 32257

SUBJECT: HIGHPOINT INSURANCE AGENCY, INC.
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Rebekah White
Regulatory Specialist II

Letter Number: 713A00021875

Articles of Amendment
to
Articles of Incorporation
of

HIGHPOINT INSURANCE AGENCY, INC.

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

P10000013952

(Document Number of Corporation (if known))

FILED

OCT -9 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

4114 SUNBEAM ROAD, SUITE 101

JACKSONVILLE, FL 32257

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

SAME AS PRINCIPAL ADDRESS

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent JEFFREY L SPADAFORA

(Florida street address)

New Registered Office Address: 4114 SUNBEAM ROAD SUITE 101 Florida 32257
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>CEO</u>	<u>JEFFREY L SPADAFORA</u>	<u>4114 Sunbeam Rd Suite 101</u>
<input type="checkbox"/> Add			<u>Jacksonville, FL 32257</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>JEFFREY L SPADAFORA</u>	<u>4114 Sunbeam Rd Suite 101</u>
<input type="checkbox"/> Add			<u>Jacksonville, FL 32257</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

The date of each amendment(s) adoption: SEPTEMBER 28, 2013, if other than the date this document was signed.

Effective date if applicable: SEPTEMBER 28, 2013
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

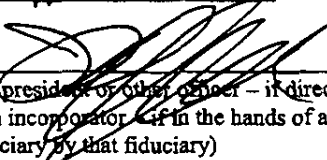
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"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.

Dated: 8/22/13

Signature: 
(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)

JEFFREY L SPADAFORA

(Typed or printed name of person signing)

PRESIDENT/CEO

(Title of person signing)