

P10000042958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
10 SEP 20 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC & ANEXO
9/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2010

BRITTANI D. JOHNSON
MAPLES INSURANCE INC.
1051 E. SAMPLE RD.
POMPANO BEACH, FL 33064

SUBJECT: MAPLES INSURANCE INC.
Ref. Number: P10000042958

We have received your document for MAPLES INSURANCE 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 document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 810A00020343

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Maples Insurance Inc.

Name of Corporation

DOCUMENT NUMBER: P-10000042958

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brittani D. Johnson

Name of Contact Person

MaPLES Insurance Inc.

Firm/Company

1051 E. Sample Road

Address

Pompano Beach, FL 33064

City/State and Zip Code

Maplesins@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittani D. Johnson

Name of Contact Person

at (954) 946-8940

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

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

RECEIVED AUG 31 2010
RECEIVED
10 SEP 20 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 24, 2010

BRITTANI D. JOHNSON
MAPLES INSURANCE INC.
1051 E. SAMPLE RD.
POMPANO BEACH, FL 33064

SUBJECT: MAPLES INSURANCE INC.
Ref. Number: P10000042958

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Karen Gibson
Document Specialist Supervisor

Letter Number: 810A00020343

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Maples Insurance Inc.

DOCUMENT NUMBER: P-10000042958

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

Please return all correspondence concerning this matter to the following:

Brittani D. Johnson

Name of Contact Person

Maples Insurance Inc.

Firm/ Company

1051 E. Sample Road

Address

Pompano Beach, FL 33064

City/ State and Zip Code

Maplesins@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittani D. Johnson

Name of Contact Person

at (954) 946-8940

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

Articles of Amendment
to
Articles of Incorporation
of

Maples Insurance Inc.

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

P-10000042958

(Document Number of Corporation (if known))

RECEIVED
10 SEP 20 PM 1:50
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:

AMI Agency Inc.

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Brittani D. Johnson

New Registered Office Address:

4220 NW 21st Street #201

(Florida street address)

Lauderhill

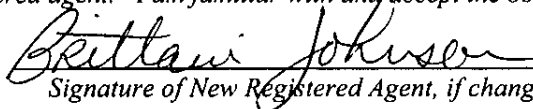
(City)

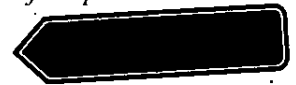
Florida 33313

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Secretary	Gus Jones	3450 NW 23rd St. Lauderdale Lakes Fl. 33311	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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: 8/10/10

(date of adoption is required)

Effective date if applicable: 8/10/10

(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 September 6, 2010

Signature

Brittani Johnson

(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)

Brittani D. Johnson

(Typed or printed name of person signing)

President

(Title of person signing)