

P130000071660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

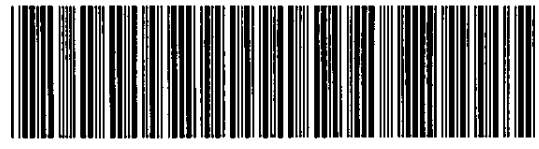
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 NOV 17 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend / CC  
cus

NOV 17 2015  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Ist 1 2 Freedom Surety, Inc.

**DOCUMENT NUMBER:** P13000071660

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

Please return all correspondence concerning this matter to the following:

Jane Yeager Cheffy  
Name of Contact Person  
Jane Yeager Cheffy, P.A.  
Firm/ Company  
2375 Tamiami Trail North #310  
Address  
Naples, FL 34103  
City/ State and Zip Code

bailladyj@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane Yeager Cheffy at ( 239 ) 263-1130  
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:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

November 9, 2015

JANE YEAGER CHEFFY  
JANE YEAGER CHEFFY, P.A.  
2375 TAMIAMI TRAIL NORTH #310  
NAPLES, FL 34103

SUBJECT: 1ST 1 2 FREEDOM SURETY, INC.  
Ref. Number: P13000071660

We have received your document for 1ST 1 2 FREEDOM SURETY, INC. and your check(s) totaling \$52.50. 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 check only 1(one) box regarding the adoption of the amendment.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 015A00023645

RECEIVED  
15 NOV 17 PM 12:31

Articles of Amendment  
to  
Articles of Incorporation  
of

1st 1 2 Freedom Surety, Inc.

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

P13000071660

(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:

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

NOT APPLICABLE

*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."*

NOT APPLICABLE

**B. Enter new principal office address, if applicable:**

*(Principal office address MUST BE A STREET ADDRESS)*

NOT APPLICABLE

**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*

MARY JESSICA LIVINGSTON

306 South 1st Street

*(Florida street address)*

*New Registered Office Address:*

Immokalee

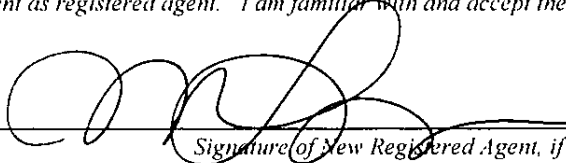
*(City)*

Florida 34142

*(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*

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**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

| <u>Type of Action</u><br>(Check One)       | <u>Title</u> | <u>Name</u>                    | <u>Address</u>                 |
|--|--------------|--------------------------------|--------------------------------|
| 1) <input type="checkbox"/> Change         | <u>PD</u>    | <u>JOSEPH HOUSTON</u>          | <u>3375 TAMIAMI TRAIL EAST</u> |
| <input type="checkbox"/> Add               |              |                                | <u>SUITE 100</u>               |
| <input checked="" type="checkbox"/> Remove |              |                                | <u>NAPLES, FL 34112</u>        |
| 2) <input type="checkbox"/> Change         | <u>VP</u>    | <u>ALDONIA WASHINGTON</u>      | <u>3375 TAMIAMI TRAIL EAST</u> |
| <input type="checkbox"/> Add               |              |                                | <u>SUITE 100</u>               |
| <input checked="" type="checkbox"/> Remove |              |                                | <u>NAPLES, FL 34112</u>        |
| 3) <input type="checkbox"/> Change         | <u>PD</u>    | <u>MARY JESSICA LIVINGSTON</u> | <u>306 SOUTH 1ST STREET</u>    |
| <input checked="" type="checkbox"/> Add    |              |                                | <u>IMMOKALEE, FL 34142</u>     |
| <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            |              |                                |                                |



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

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 30, 2015  
Signature me by Carolina Houston his Attorney in fact.

(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)

JOSEPH HOUSTON BY HIS ATTORNEY IN FACT, CAROLINA HOUSTON  
\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT AND DIRECTOR  
\_\_\_\_\_  
(Title of person signing)