(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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AUG 2 6 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporation						
NAME OF CORPOR	RATION: Able Insurance A	dvisors, Inc.				
DOCUMENT NUME	BER: P14000041322					
The enclosed Articles	of Amendment and fee are sub	mitted for filing.				
Please return all corres	spondence concerning this matter	er to the following:				
	William A. Hammond					
		Name of Contact Persor	ו			
	Able Financial Advisors					
	Firm/ Company					
	4500 - 140th Ave. N., Ste 1	01				
		Address				
	Clearwater, FL 33762					
		City/ State and Zip Code	e			
<u>b</u>	ill@ffcntr.us	100				
	E-man address: (to be use	ed for future annual report	notification)			
For further information	n concerning this matter, please	e call:				
William A. Hammond		at / 727) 369-6568			
Name o	of Contact Person		de & Daytime Telephone Number			
			•			
Enclosed is a check to	r the following amount made p	ayable to the Florida Depa	artment of State:			
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
	endment Section ission of Corporations	Amendment Section				
	Box 6327	Division of Corporations Clifton Building				
Tallahassee. FL 32314 2661 Executive Center Circle						
		Tallah	assee, FL 32301 .			

Articles of Amendment Articles of Incorporation of

14 .06 21 11 2:11

Able Insurance Advisors, Inc.		173		
(Name of Corporation as cur	rently filed with the Flor	ida Dept. of State)		
P14000041322				
(Document Nu	imber of Corporation (if kr	nown)		
Pursuant to the provisions of section 607.1000 its Articles of Incorporation:	6, Florida Statutes, this Fla	rida Profit Corporation ado	pts the following an	nendment(s) to
A. If amending name, enter the new name	of the corporation:			
Able Financial Associates, Inc.				е пек
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "Co	. A professional corporati		
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		N/A		
	<u></u> ,			
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF	le: FICE BOX)	N/A		
D. If amending the registered agent and/or new registered agent and/or the new re		s in Florida, enter the name	e of the	
Name of New Registered Agent	William A. Hammond	, may a		
	4500 - 140th Ave. No., St	e. 101		
	(Florida street	uddress)		
New Registered Office Address:	Clearwater (City)	, Florida_	33762 (Zip Code)	
New Registered Agent's Signature, if chan-	ging Registered Agent: Lagent - Lam familiar wit	h and accept the obligations	of the position.	
	a. Humond	3.17	,	
	ture of New Registered Age	ent, if changing		

. '				
address of each Officer. Attach additional sheets. Please note the officer did P. President: V= Vice. Executive Officer: CFO held President. Treasure Changes should be noted	and/or D if necess rector titl President Chief i r. Directo in the fo	Virector be Sary) le by the fit: T= Trea Financial Or would be Ulowing me Orporation	eing added: It is a state of the office title: Issurer; S - Secretary; D - Director; TR - TOfficer. If an officer director holds more to PTD. It is anner. Currently John Doe is listed as the mone. Sally Smith is named the V and S. These.	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example:				
X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				***
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5, Change	 			
Add				
Remove				-
6) Change		_		

___ Add

_ Remove

mending or adding additional Articles, enter cha ach additional sheets, if necessary). (Be specific)		N/A	
			
			
			·
			
			
			
an amendment provides for an exchange, reclass	ification, or co	ncellation of issue	d shares,
rovisions for implementing the amendment if no (if not applicable, indicate N A)	t contained in	the amendment its	en: N/A
(i) not appreciate, maleure, var			. ///

The date of each amendment(date this document was signed.	s) adoption:	, if other than the
Effective date if applicable:	August 18, 2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
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.	
	approved by the shareholders through voting groups. The following statement if 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 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.	adopted by the incorporators without shareholder action and shareholder	
	igust 18, 2014	
Signature	william as themos	
(B)	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)	
ар	pointed reductary by that reductary)	
	William A. Hammond	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	