

PI5000048969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

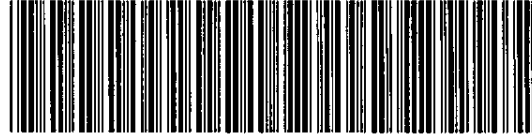
(Business Entity Name)

(Document Number)

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06/18/15--01004--008 **25.00

07/10/15--01001--001 **10.00

*Name Change
& Amend*

FILED
2015 JUL - 1 PM 3:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 09 2015
A RAMSEY

**00789, 06342, 00671*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2015

Chris Heisler
Allstate
117 Carriage Lamp Way
Ponte Vedra Beach, FL 32082

SUBJECT: THE CHRISTOPHER HEISLER AGENCY INC.
Ref. Number: P15000048969

We have received your document for THE CHRISTOPHER HEISLER AGENCY INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 715A00013609

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BLUEWATER INSURANCE GROUP OF NICEVILLE, INC

DOCUMENT NUMBER: P15000048969

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

Please return all correspondence concerning this matter to the following:

TRAVIS BETSINGER
Name of Contact Person

ALLSTATE INSURANCE
Firm/ Company

4524 HWY 20 EAST
Address

NICEVILLE, FL 32578
City/ State and Zip Code

TBETSINGER1@ALLSTATE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRAVIS BETSINGER at (850) 678-0996
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

Articles of Amendment
to
Articles of Incorporation
of

THE CHRISTOPHER HEISLER AGENCY, INC

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

(Document Number of Corporation (if known))

FILED
2015 JUL -1 PM 3:05
DEPT. 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:

BLUEWATER INSURANCE GROUP OF NICEVILLE, 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)

4524 Hwy 20 EAST
NICEVILLE, FL 32578

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

4524 Hwy 20 EAST
NICEVILLE, FL 32578

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 TRAVIS BEISINGER
4524 Hwy 20 EAST
(Florida street address)

New Registered Office Address: NICEVILLE, Florida 32578
(City) (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)

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change <u> </u> Add <u>X</u> Remove	<u>P</u>	<u>CHRISTOPHER HEISLER</u>	<u>117 CARRIAGE LAMPWAY</u> <u>PONTE VEDRA BCH, FL 32082</u>
2) <u>X</u> Change <u> </u> Add <u> </u> Remove	<u>P</u>	<u>TRAVIS BETSINGER</u>	<u>208 BAYBERRY DR</u> <u>NICEVILLE, FL 32578</u>
3) <u> </u> Change <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>
4) <u> </u> Change <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>
5) <u> </u> Change <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>
6) <u> </u> Change <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>

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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

[illegible]

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

Effective date if applicable: 7/1/15
(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):*

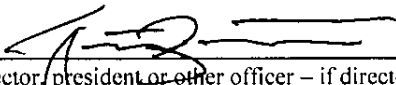
"The number of votes cast for the amendment(s) was/were sufficient for approval

by BLUEWATER INSURANCE GROUP OF NILEVILLE, INC.
(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 7/1/15

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)

TRAVIS BETSINGER
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)