## 245 238

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requ	iestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Addre	ess)
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OCT 3 0 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Griffin Insurance Agency, Inc.			
DOCUMENT NUMBER: 245238			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Dane C Griffin			
	(Name of Contact Person	)	
N/A			
	(Firm/ Company)		
1528 SE. 14th Ave.			
	(Address)		
Ocala, FL 34471			
	(City/ State and Zip Code	e)	
daneinsure@msn	.com		
E-mail address: (to be used	for future annual report r	iotification)	
For further information concerning this matter, please	call:		
Dane C Griffin	<sub>at (</sub> 352	817 – 2737	
(Name of Contact Person)	(Area Code & Daytime Telephone Num		
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

## Articles of Amendment to Articles of Incorporation

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	find I to the
Florida Dept. of State)	野OCT 20 PH 3; 2
	Page 1
f Corporation (if known)	and Amissie Court
stutes, this Florida Not For Profit Corp	oration adopts the following
ration:	
	The new
oration" or "incorporated" or the abbi	
1528 SE. 14th Ave.	
ocala, FL 34471	
	<del></del>
1528 SE. 14th Ave.	
Ocala, FL 34471	
office address in Florida, enter the na ce address:	me of the
Griffin	
. 14th Ave.	
(Florida street address)	_
	04474
, Florida	34471
ity)	(Zip Code)
red Agent:	
n familiar with and accept the obligation	ns of the position.
lew Registered Agent, if changing	<del></del>
	f Corporation (if known) tutes, this Florida Not For Profit Corporation:  pration:  1528 SE. 14th Ave.  Ocala, FL 34471  1528 SE. 14th Ave.  Ocala, FL 34471  Ocala, FL 34471  Affice address in Florida, enter the nate address:  Griffin  14th Ave.  (Florida street address)  ity)  red Agent:

Page 1 of 4

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change		N/A		<u>-</u>
Add				
Remove				
2) Change			<del></del>	
Add				
Remove				
3) Change		<del></del>		
Add				<u> </u>
Remove				
4) Change				
Add				
Remove				
5) Change				
Add	<del></del>	***************************************		
Remove				
Kemove				
6) Change		<u> </u>	<del></del>	
Add				
Remove				

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
N/A	

The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	N/A	
	(no more than 90 days after amendment file date)	<del></del> -
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) opproval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	OCTOBER 4, 2014	
Signature	ane Cultin	
	chairman or vice chairman of the board, president or other officer-if directors	
	not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Dane (	C Griffin	
<del></del>	(Typed or printed name of person signing)	
Preside	ent	
·	(Title of person signing)	