574287

(Re	equestor's Name)	
(Ad	ldress)	•
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
_	_	_
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·
Opecial instructions to	Tilling Officer.	





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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2008

INGE WILLIAMS
AFFORDABLE AUTO INSURANCE, INC.
3200 EAST BAY DRIVE SUITE H
LARGO, FL 33771

SUBJECT: AFFORDABLE AUTO INSURANCE, INC.

Ref. Number: 574287

We have received your document for AFFORDABLE AUTO 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.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 408A00054329

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	RPORATION: AFFORDAB	LE AUTO INSURANCE, INC	D
DOCUMENT N	UMBER: 574287		
The enclosed Arr	icles of Amendment and fee a	re submitted for filing.	
Please return all	correspondence concerning thi	is matter to the following:	
IN	GE WILLIAMS		
	(Name	of Contact Person)	
Al	FFORDABLE AUTO INSU	IRANCE, INC.	
	(Fir	rm/ Company)	
32	00 EAST BAY DRIVE SUI	TE H	
		(Address)	
LA	RGO, FL 33771		
	(City/ S	tate and Zip Code)	
For further inforr	nation concerning this matter,	please call:	
INGE WILLIAMS		at (727) 531-35	87
(Nai	ne of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a che	ck for the following amount:		
☑ \$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)
Division of P.O. Box	ent Section of Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

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Articles of Amendment to Articles of Incorporation

	of	-	
AFFORDAPLE	AUTO INSURA	NCE INC	
(Name of Corporation as curren	tly filed with the Flo	orida Dept. of S	tate)
	574287		
(Document Numb	er of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, following amendment(s) to its Articles of Incorporate	, Florida Statutes, thoration:	is <i>Florida Prof</i>	it Corporation adopts the
A. If amending name, enter the new name of t	the corporation:		
The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	Inc.," or Co.," or	the designation	"Corp." "Inc." or
3. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>	icable: NA		
i incipal office address into a BEARSTREET	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	~ la	
r			
 If amending the registered agent and/or re new registered agent and/or the new regist 			nter the name of the
Name of New Registered Agent:	NA		,
Staint of New Addistream Agent.	<u> </u>		
	·		
New Registered Office Address:	(Florida str	eet address)	_
New Registered Office Address:	(Florida str	eet address)	
<u>New Registered Office Address;</u>	(Florida str (Cii	***	, Florida (Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered	(Cit	אין	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.	(Cit	y) ar with and acc	(Zip Code)

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) Type of Action <u>Title</u> Name <u>Address</u> SEC ERIK WILLIAMS 106 DRIFTWOOD LANE LARGO, FL 33771 🗖 Add □ Remove □ Add ☐ 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)

Page 2 of 3

The date of each amendment(s) adoption: OCTOBER 10, 2008	
Effective date if applicable: OCTOBER 10, 2008	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were approved by the shareholders. The number of votes cast f the amendment(s) by the shareholders was/were sufficient for approval.	or
☐ 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 b	у
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder act and shareholder action was not required.	ion
☐ The amendment(s) was/were adopted by the incorporators without shareholder action a shareholder action was not required.	and
Signature (By a director, president or other officer - if directors or officers have not been splected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
. INGE WILLIAMS (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

FILING FEE: \$35