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(City/State/Zip/Phone #)

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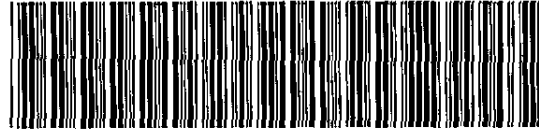
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

WILSON & WILLIAMS, P.A.

Attorneys at Law
954 East Silver Springs Boulevard
Suite 101
Ocala, Florida 34470

Telephone 352-629-9747
Facsimile 352-629-5616

Robert D. Wilson
E-mail: bobwwpa@earthlink.net

Reuben S. Williams, IV
E-mail: benwwpa@earthlink.net

November 4, 2005

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

Re: Lossing Insurance Agency, Inc.

Ladies and Gentlemen:

Enclosed please find the Articles of Amendment of the Articles of Incorporation of Lossing Insurance Agency, Inc., for filing in connection with the aforementioned corporation. Also, enclosed is my firm's check in the amount of \$35.00 representing your fees for this service.

Thank you for your assistance, and if you have any questions do not hesitate to contact my office.

Very truly yours,


Robert D. Wilson
For the Firm

BDW/ab
Enclosures

**ARTICLES OF AMENDMENT OF THE ARTICLES OF INCORPORATION
OF LOSSING INSURANCE AGENCY, INC.**

The following provisions of the Articles of Amendment of the Articles of Incorporation of LOSSING INSURANCE AGENCY, INC., a Florida Corporation, filed in Tallahassee, Florida, on March 20, 1979 and they are hereby amended in the following particulars as more particularly set forth below:

1. The name of the corporation is changed to DSL OF OCALA, INC.

The foregoing Amendment was adopted by the Directors and Officers of the corporation this 3 day of November, 2005.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment this 3 day of November, 2005.

LOSSING INSURANCE AGENCY, INC.,
a Florida Corporation

By G. David Lossing
G. David Lossing, President/Director

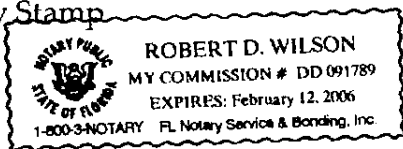
By Stephen B. Lossing
Stephen B. Lossing, Secretary/Director

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05 NOV -8 AM 9:52
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF MARION

Sworn to and subscribed before me this 3 day of NOVEMBER, 2005, by
G. DAVID LOSSING as President/Director of Lossing Insurance Agency, Inc. who is (a)
✓ personally known to me or (b) _____ produced a drivers license as identification.

Notary Stamp

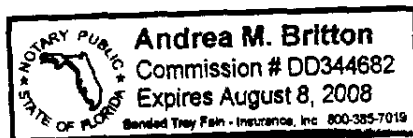


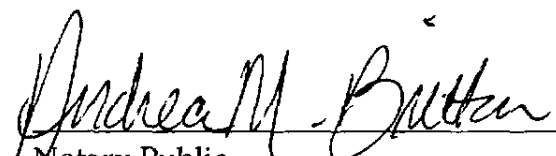

Notary Public

STATE OF FLORIDA
COUNTY OF MARION

Sworn to and subscribed before me this 3 day of NOVEMBER, 2005, by
STEPHEN B. LOSSING as Secretary/Director of Lossing Insurance Agency, Inc. who is (a)
✓ personally known to me or (b) _____ produced a drivers license as identification.

Notary Stamp




Notary Public