

725373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

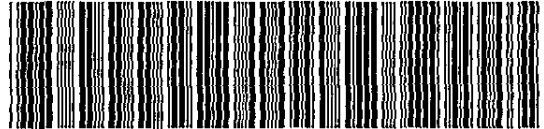
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 02 2006

26

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tallahassee Association of Insurers and Financial Advisors

DOCUMENT NUMBER: 725373

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

Please return all correspondence concerning this matter to the following:

Alan R Null

(Name of Contact Person)

Waddell & Reed Inc

(Firm/ Company)

2930 Capital Medical Blvd

(Address)

Tallahassee, FL 32308

(City/ State and Zip Code)

For further information concerning this matter, please call:

Alan R Null

(Name of Contact Person)

at (850) 894-9950

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2006

ALAN R NULL
2930 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

SUBJECT: TALLAHASSEE ASSOCIATION OF INSURERS AND FINANCIAL
ADVISORS, INC.
Ref. Number: 725373

We have received your document for TALLAHASSEE ASSOCIATION OF
INSURERS AND FINANCIAL ADVISORS, 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):

Please give the complete corporate name with suffix. Also the corporate name
must have a corporate suffix.

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) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 806A00027098

RECEIVED

06 MAY -2 AM 8:00

DIVISION OF CORPORATIONS

FILED
06 MAY -2 PM 12:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SECRETARY OF STATE
TALLAHASSEE FLORIDA

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)
(continued)

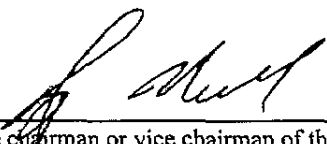
The date of adoption of the amendment(s) was: 1 Jan 06

Effective date if applicable: 1 Jan 06
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature


(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Alan R Null

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

FILING FEE: \$35