743614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Nano Change
W10-47073
Amend

10/06/10--01006--001 **43.75

FILED
2010 DEC 17 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/22/10

*00789, 06530, 01169 00707, 00671

Stephen P. Smith III
Attorney at Law
2601 University Blvd. West
Jacksonville, Florida 32217-2112
Telephone: (904) 733-2000

September 24, 2010

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314-6327

Re: ***Insurance Women of Jacksonville, Incorporated***
Document No. 743614

Dear Madam/Sir:

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

Please return all correspondence concerning this matter to:

Stephen P. Smith III
Attorney at Law
2601 University Blvd., W.
Jacksonville, Florida 32217-2112

For further in formation concerning this matter, please call: Stephen P. Smith III, Esq. at **(904) 733-2000.**

Enclosed is a check for $43.75 to the cover the filing fee and a certified copy.

Sincerely yours,

Stephen P. Smith III

SPSIII:lee
Enclosure
cc: Ms. Charlie Mae Walton

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2010

Stephen P. Smith III
2601 University Blvd West
Jacksonville, FL 32217-2112

SUBJECT: INSURANCE WOMEN OF JACKSONVILLE, FLORIDA, INCORPORATED
Ref. Number: 743614

We have received your document for INSURANCE WOMEN OF JACKSONVILLE, FLORIDA, INCORPORATED and your check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2010 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at the Division of Corporations' website, www.sunbiz.org. Please look for Reinstatement filing in the "E-Filing Services" or "Electronic Filing" menu. There may also be a "blue box" on the Sunbiz homepage entitled "File A Reinstatement Here". You will have the option to pay by credit/debit card; or by check or money order.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, 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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 210A00023814

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Insurance Women of Jacksonvile, Florida, Incorporated

DOCUMENT NUMBER: 743614

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

Please return all correspondence concerning this matter to the following:

Janet Lynne Spencer
(Name of Contact Person)

Insurance Professionals of Jacksonville
(Firm/ Company)

7723 Erinwood Court East
(Address)

Jacksonville, Florida 32256
(City/ State and Zip Code)

president@naiwjaxfl.org
E-mail address: (to be used for future annual report notification)

RECEIVED
10 DEC 17 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Stephen P. Smith III, Esq. at (904) 733-2000
(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: Already Paid

☐ $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

FILED
2010 DEC 17 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Insurance Women of Jacksonville, Florida, Incorporated
(Name of Corporation as currently filed with the Florida Dept. of State)

743614
(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Insurance Professionals of Jacksonville, Florida, Incorporated
*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." **"Company" or "Co." may not be used in the name.***

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2820 Anastasia Dr.
Jacksonville, FL 32217-2714

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

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: Janet Lynne Spencer

New Registered Office Address: 7723 Eminwood Court, East
(Florida street address)

Jacksonville, Florida 32256
(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.

√ Janet Lynne Spencer
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)

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: September 21, 2010

(date of adoption is required)

Effective date if applicable: September 21, 2010

(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(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated September 21, 2010

Signature /Janet Lynne Spencer/

(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)

Janet Lynne Spencer

(Typed or printed name of person signing)

President-Director

(Title of person signing)