

754/390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

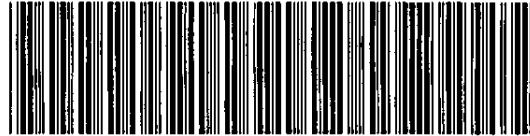
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG 31 PM 12:42

SEP 01 2015

T CANNON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 AUG 31 AM 9:37

August 20, 2015

THOMAS B SUTTON III
INDEPENDENT INSURANCE AGENTS OF CENTRAL
845 N. FERNCREEK AVE
ORLANDO, FL 32803 US

SUBJECT: INDEPENDENT INSURANCE AGENTS OF CENTRAL
FLORIDA, INC.
Ref. Number: 754390

We have received your document for INDEPENDENT INSURANCE AGENTS OF CENTRAL FLORIDA, 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):

All four pages of the Articles of Amendment must be submitted together.

Page 3 is missing.

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) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 915A00017650

*See attached -
sorry about that!
Thanks*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Independent Insurance Agents of Central Florida Inc.

DOCUMENT NUMBER: 54
746390

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

Please return all correspondence concerning this matter to the following:

Thomas B Sutton III

(Name of Contact Person)

Independent Insurance Agents of Central Florida, Inc.

(Firm/ Company)

845 N. Ferncreek Ave

(Address)

Orlando, FL 32803

(City/ State and Zip Code)

tsutton@hughcotton.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas B Sutton III

407-898-1776

at

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Independent Insurance Agents of Central Florida, Inc

54
745390

(Name of Corporation as currently filed with the Florida Dept. of State)

(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:

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**)

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: Kenneth J. Scott, PA

1470 Minnesota Ave

(Florida street address)

New Registered Office Address:

Winter Park

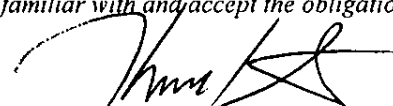
(City)

Florida 32789

(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.


Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ED,ST</u>	<u>Pamela T. Bouch</u>	<u>845 N. Ferncreek Ave</u> <u>Orlando, FL 32803</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Thomas B Sutton III</u>	<u>Hugh Cotton Insurance</u> <u>2315 Curry Ford Rd</u> <u>Orlando, FL 32806</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Jason Leviine</u>	<u>Harry Levine Insurance</u> <u>7587 Sand Lake Road</u> <u>Orlando, FL 32789</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Samir Jallad</u>	<u>1353 Palmetto Ave. Suite 100</u> <u>Winter Park, FL 32789</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PElect</u>	<u>Brett Bradley</u>	<u>Insurance Office of America</u> <u>1855 W State Rd 434</u> <u>Longwood FL 32750</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Matthew Ostrander</u>	<u>Lassiter Ware</u> <u>P.O.. Box 490690</u> <u>Leesburg, FL 34749</u>

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

- Adding New Contact person - Thomas Sutton
- Amending registered Agent - Kenneth Scott
- Deleting Pamela Burch + Samir Jallad
- Changing titles for Thomas Sutton + Jason Levine
- Adding Brett Bradley + Matthew Ostrander as officers

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

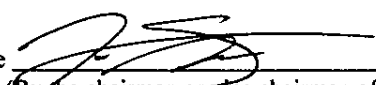
(CHECK ONE)

- ☐ 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

8/14/15

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)

Thomas B. Sutton III

(Typed or printed name of person signing)

President - Elect

(Title of person signing)

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