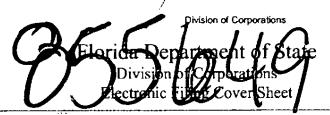
6/11/2021



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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:			
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COR AMND/RESTATE/CORRECT OR O/D RESIGN INFINITY INSURANCE AGENCY, INC.

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From: James Tanks III

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED) 855649		EN JUN 11
(Docume	nt number of corporation (if known)	
Infinity Insurance Agency, Inc.		
(Name of corporation as:	it appears on the records of the Departme	ent of State)
₂ Georgia	3. 02/28/1983	意見く
(Incorporated under laws of)	(Date authorize	ed to do business in Florida)
(4-7 COMPLETI	SECTION II E ONLY THE APPLICABLE CHANG	GES)
4. If the amendment changes the name of the corporation	, when was the change effected under the	e laws of its jurisdiction of
incorporation?		
5		
(Name of corporation after the amendment, adding suf- not contained in new name of the corporation)	ffix "corporation." "company," or "incorp	porated," or appropriate abbreviation, it
(If new name is unavailable in Florida, enter alternate of	corporate name adopted for the purpose of	of transacting business in Florida)
6. If the amendment changes the period of duration,	indicate new period of duration.	
	(New duration)	
7. If the amendment changes the jurisdiction of inco	rporation, indicate new jurisdiction.	
	(New jurisdiction)	
8. If amending the registered agent and/or registered new registered agent and/or the new registered offi		me of the
Name of New Registered Agent		
	(Florida street address)	
Non-Book and Office Address		, Florida
New Registered Office Address:	(City)	, Florida
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.		tions of the position.
Signature of New Registered Agent,	if changing	

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>	Address	Type of Action
			Add
			[Remove
			Add
			L.Remove
			Add
			L.Remove
			Add
			I Remove
10. Attached is a continuous of the application under the laws	certificate or document of similar import, evicion to the Department of State, by the Secretary of which it is incorporated.	dencing the amendment, authenticated not y of State or other official having custody of	more than 90 days prior to delivery corporate records in the jurisdiction
	(Signature of a director	r, president or other officer - if in the hands art appointed fiduciary, by that fiduciary)	of
<u> </u>	res H. Romaker	Scort	/ ? ~ /
~	(Typed or printed name of person signing)	(Title of person	on signing)

FILING FEE \$35.00

2021 JUN 11 AM 8: 32

From: James Tanks III

John H. Merrill Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Infinity Insurance Agency, Inc. was formed in Alabama, Alabama on April 1, 1977. The Alabama Entity Identification number for this entity is 930-107. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20210610000016954

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

06/10/2021

Date

X 74 Menill

John H. Merrill

Secretary of State