

F06000005412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

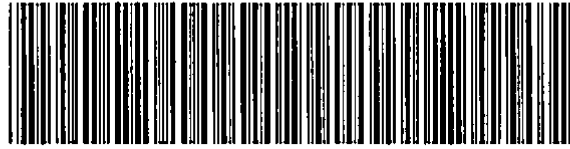
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/31/22--01007--004 ++35.00

FILED  
2022 MAY -9 AM 11:54  
COURT CLERK  
JULIA M. BROWN

Name Change

MAY 25 2022

D CUSHING

May 5, 2022

Region Code 1894

Florida Secretary of State  
Division of Corporations  
Corporate Filings  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Ref: Amendment Application for Name Change**

Dear Sir/Madam:

We are filing the following documents on behalf of Robert McIntyre Insurance, Inc.

The items checked below are enclosed.

- ☒ Certificate of Amendment Application
- ☒ Check #38299 Amount \$35.00
- ☒ Copy of Amended Articles of Incorporation
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

**Please return all filed documents to my attention.**

Sincerely,

*Kristie Washington*

Kristie Washington  
Annuals and Corporates Specialist  
Insurance Licensing Services of America, Inc.  
111 N. Railroad St  
P.O. Box 390  
Groesbeck, TX 76642  
Ph: 254.729.6164  
Fax: 254.729.8069  
Email: [kwashington@ilsainc.com](mailto:kwashington@ilsainc.com)

4/2

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Robert McIntyre Insurance, Inc

Name of Corporation

DOCUMENT NUMBER: F06000005412

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristie Washington

Name of Contact Person

ILSA, Inc.

Firm/Company

111 N. Railroad St.

Address

Groesbeck, TX 76642

City/State and Zip Code

Jared@pcfoy.com

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

For further information concerning this matter, please call:

Kristie Washington

at ( 254 )

729-6164

Name of Contact Person

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

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2022 MAY -9 AM 11:54  
TALLAHASSEE, FL

**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)**

F06000005412

(Document number of corporation (if known))

1. Robert McIntyre Insurance, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. PA

(Incorporated under laws of)

3. 08/17/2006

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 2/15/2022

5. RMI Insurance Services Inc

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose 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 incorporation, indicate new jurisdiction.

(New jurisdiction)

8. 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

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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.*

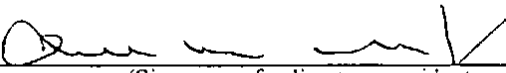
\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

RECEIVED  
JAN - 9 AM 11:54  
TAMPA, FLORIDA

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

1. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Paul O'Connell Jr  
(Typed or printed name of person signing)

President  
(Title of person signing)

**FILING FEE \$35.00**

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

04/15/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

RMI Insurance Services Inc

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Leigh M. Chapman*

Acting Secretary of the Commonwealth

Certification Number: TSC220415182075-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

04/15/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

RMI Insurance Services Inc

I, Leigh M. Chapman, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on Dec 14, 1973 - Pages (3)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Leigh M. Chapman*

Acting Secretary of the Commonwealth

Certification Number: TSC220415182073-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

Commonwealth of Pennsylvania

Department of State

Corporation Bureau

3-1-73.57

1130

ARTICLES  
OF  
INCORPORATION

In compliance with the requirements of the Business Corporation Law, approved the 3rd day of May, A.D. 1933, P.L. 364, as amended, the undersigned, all of whom are of full age\* desiring that they may be incorporated as a business corporation, do hereby certify:

1. The name of the corporation is:

ROBERT McDINTYRE INSURANCE, INC.

2. The location and post office address of its initial registered office in this Commonwealth is:

1062 Lancaster Avenue

Rosemont

Delaware

Street

State

City

County

3. The purpose or purposes of the corporation which shall be organized under this Act are as follows: (\*\*)

Insurance Agents, Brokers, Service, Mutual Funds and all other activities permitted by law.

4. The term of its existence is: Perpetual

5. The aggregate number of shares which the corporation shall have authority to issue is: (\*\*\*)

Five hundred, Common, Par \$1.00

(\*) One or more corporations or natural persons of full age may incorporate a business corporation under the provisions of this Act.

(\*\*) It shall not be permissible or necessary to set forth any powers enumerated in Section 302 of the Act.

(\*\*\*) There should be set forth the number and par value of all shares having par value; the number of shares without par value; and the stated capital applicable thereto. If the shares are to be divided into classes, a description of each class and a statement of the preferences, qualifications, limitations, restrictions, and the special or relative rights granted to, or imposed upon, the shares of each class.

FILING FEE — \$40.00

NOTE: Excise Tax at the rate of 1/5th of 1% (\$2.00 per \$1,000) will be due and payable at the time of filing of the Articles, computed by multiplying the number of authorized shares having par value by their par value, or if shares of no par stock are authorized, then on the stated capital applicable thereto as well.

ONLY A CLEARLY LEGIBLE ORIGINAL SHOULD BE SUBMITTED. SIGNATURES SHOULD BE IN BLACK INK.



3-1-73.57

1131

6. The names and addresses of each of the first directors, who shall serve until the first annual meeting, are:

NAME	ADDRESS
Robert R. McIntyre	1437 Orchard Way, Rosemont, Pa. 19010
Isabel G. McIntyre	1437 Orchard Way, Rosemont, Pa. 19010
Paul W. Knitche	3840 The Oak Road, Philadelphia, Pa. 19129

7. The names and addresses of each of the incorporators and the number and class of shares subscribed by each are:

NAME	ADDRESS (including street and number, if any)	NUMBER AND CLASS OF SHARES
Robert R. McIntyre	1437 Orchard Way Rosemont, Pa. 19010	200 Common

IN TESTIMONY WHEREOF, the incorporators have signed and sealed these Articles of Incorporation this  
 11<sup>th</sup> day of December, 1973.

(SEAL)

(SEAL)

(SEAL)

(SEAL)

(SEAL)

(SEAL)

Approved and filed in the Department of State on the 14th day of December, A. D. 1973.

*C. McLaughlin Tuckal*  
 Secretary of the Commonwealth

whf/as

NOTE: The Articles must be accompanied with registry statement, executed in triplicate, in the form prescribed by Section 206-B of the Act — all of which should be signed by an incorporator, as such.

# Commonwealth of Pennsylvania



## Department of State

### Office of the Secretary of the Commonwealth

To all to whom these Presents shall come, Greeting:

WHEREAS, Under the provisions of the Business Corporation Law, approved the 5th day of May, Anno Domini one thousand nine hundred and thirty-three, P. L. 364, as amended, the Department of State is authorized and required to issue a

#### CERTIFICATE OF INCORPORATION

evidencing the incorporation of a business corporation organized under the terms of that law.

AND WHEREAS, The stipulations and conditions of that law have been fully complied with by the persons desiring to incorporate as

ROBERT MCINTYRE INSURANCE, INC.

THEREFORE, KNOW YE, That subject to the Constitution of this Commonwealth and under the authority of the Business Corporation Law, I do by these presents, which I have caused to be sealed with the Great Seal of the Commonwealth, create, erect, and incorporate the incorporators of and the subscribers to the shares of the proposed corporation named above, their associates and successors, and also those who may thereafter become subscribers or holders of the shares of such corporation, into a body politic and corporate in deed and in law by the name chosen hereinbefore specified, which shall exist perpetually and shall be invested with and have and enjoy all the powers, privileges, and franchises incident to a business corporation and be subject to all the duties, requirements, and restrictions specified and enjoined in and by the Business Corporation Law and all other applicable laws of this Commonwealth.

GIVEN under my Hand and the Great Seal of the Commonwealth, at the City of Harrisburg, this 14th day of December in the year of our Lord one thousand nine hundred and seventy-three and of the Commonwealth the one hundred and ninety-eight

*C. McLaughlin Tuckey*

Secretary of the Commonwealth

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

04/15/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

RMI Insurance Services Inc

I, Leigh M. Chapman, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Feb 15, 2022 - Pages (2)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Leigh M. Chapman*

Acting Secretary of the Commonwealth

Certification Number: TSC220415182074-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Entity# : 224956  
Date Filed : 02/15/2022  
Pennsylvania Department of State

Articles of Amendment-Domestic Corporation  
(15 Pa.C.S.)

☒ Business Corporation (§ 1915)  
☐ Nonprofit Corporation (§ 5915)

Document will be returned to the  
name and address you enter to  
the left.

Name  
Sabrina Slater

Address  
111 N Railroad St.

City	State	Zip Code
Groesbeck	TX	76642

Fee: \$70.00

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:  
ROBERT MCINTYRE INSURANCE, INC.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
420 E Lancaster Ave.	St Davids	PA	19087	Delaware

(b) Name of Commercial Registered Office Provider County

c/o:

3. The statute by or under which it was incorporated: Business Corporation

4. The date of its incorporation: 12/14/1973

5. Check, and if appropriate, complete one of the following:

☒ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

☐ The amendment shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date Hour

6. Check one of the following:

- ☒ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).  
☐ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. Check, and if appropriate, complete one of the following:

- ☒ The amendment adopted by the corporation, set forth in full, is as follows  
New corporation name is RMI Insurance Services Inc

☐ The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. Check if the amendment restates the Articles:

- ☒ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

15 day of February , 2022 .

ROBERT MCINTYRE INSURANCE, INC.

Name of Corporation

Paul O'Connell Jr

Signature

President

Title