

2012-06-28 15:03 TRIAD

7702201943 >>

P 1/4
Page 1 of 1

FD6000005775

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000171513 3)))



H120001715133ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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

Email Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 28 AM 9:59

COR AMND/RESTATE/CORRECT OR O/D RESIGN
TAYLOR WOODROW INSURANCE SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Amend
Affidavit to
Ch8 O/D
10 6/29/12

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TAYLOR WOODROW INSURANCE SERVICES, INC.

Name of Corporation

DOCUMENT NUMBER: F06000005775

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon K. Gray

Name of Contact Person

Triad Professional Services, LLC

Firm/Company

1720 Windward Concourse, Ste. 390

Address

Alpharetta, GA 30005

City/State and Zip Code

jbaden@triadpros.com

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

For further information concerning this matter, please call:

Sharon K. Gray

Name of Contact Person

at (770) 777-2091

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☐ \$35.00 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

CR2E127 (10/11)

((H12000171513 3)))

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONSAFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
TAYLOR WOODROW INSURANCE SERVICES, INC.
2. This entity was authorized to transact business in Florida on 09/06/2008 and its Florida document number is F06000005775
3. This corporation was formed under the laws of Delaware
4. The name and address of each officer and/or director is as follows:

Title:
DPCEName and AddressMark A. Dellio4900 N. Scottsdale Rd., Ste. 2000Scottsdale, AZ 85251DVStephen J. Wethor4900 N. Scottsdale Rd., Ste. 2000Scottsdale, AZ 85251SDarrell C. Sherman4900 N. Scottsdale Rd., Ste. 2000Scottsdale, AZ 85251ASCaroline G. Estrada4900 N. Scottsdale Rd., Ste. 2000Scottsdale, AZ 85251

(Attach additional pages if necessary)

Caroline G. Estrada
Signature of an officer or directorAssistant SecretaryTitle of person signingCaroline G. EstradaTyped or printed name of person signing

CR2E127 (10/11)

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314

(((H12000171513 3)))

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 28 AM 9:59

ATTACHMENT TO
AFFIDAVIT BY FOREIGN CORPORATION
TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

1. The name and address of each officer and/or director is as follows:

<u>Title:</u>	<u>Name and Address</u>
VT	Calvin Boyd 4900 N. Scottsdale Rd., Ste. 2000 Scottsdale, AZ 85251