

# 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.

((H12000095863 3)))



H120000958633ABC1

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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

### COR AMND/RESTATE/CORRECT OR O/D RESIGN

### AHMSI INSURANCE AGENCY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

RECEIVED

12 APR 11 AM 8:08

TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 APR 11 A 11:30

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AHMSI Insurance Agency, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F08000002752

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

kimberly.day@ahmsi3.com

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

For further information concerning this matter, please call:

Name of Contact Person at ( )  
Area Code & Daytime Telephone Number

Enclosed is a check 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

**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)**

F08000002752

(Document number of corporation (if known))

1. AHMSI Insurance Agency, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Texas 3. 06/19/2008  
(Incorporated under laws of) (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? 03/23/2012

5. Beltline Road Insurance Agency, 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. 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.

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

Kimberly Day  
(Typed or printed name of person signing)

Asst. Secretary  
(Title of person signing)

FILED  
2012 APR 11 A 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Beltline Road Insurance Agency, Inc. (formerly AHMSI Insurance Agency, Inc.)**  
**Directors and Officers (as of April 9, 2012)**

**Directors:**

Name	Title	Address
David M. Applegate	Director	1525 S. Belt Line Rd., Coppell, Texas 75019
Robert L. Love, Jr.	Director	1525 S. Belt Line Rd., Coppell, Texas 75019
Mark S. Zeidman	Director	1525 S. Belt Line Rd., Coppell, Texas 75019

**Officers:**

Name	Title	Address
Steven M. Massey	President	1525 S. Belt Line Rd., Coppell, Texas 75019
Jordan D. Dorchuck	Secretary	1525 S. Belt Line Rd., Coppell, Texas 75019
Ellen Coleman	Executive Vice President and Treasurer	1525 S. Belt Line Rd., Coppell, Texas 75019
Mark S. Zeidman	Executive Vice President and Chief Financial Officer	1525 S. Belt Line Rd., Coppell, Texas 75019
Javid Jaberl	Executive Vice President and Assistant Secretary	1525 S. Belt Line Rd., Coppell, Texas 75019
Kimberly J. Day	Assistant Secretary	1525 S. Belt Line Rd., Coppell, Texas 75019

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on March 23, 2012, AHMSI Insurance Agency, Inc., a Domestic For-Profit Corporation (file number 800974567), changed its name to Beltline Road Insurance Agency, Inc.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 10, 2012.



A handwritten signature in cursive script, reading "Hope Andrade".

Hope Andrade  
Secretary of State

Phone: (512) 463-5555  
Prepared by: David Moerbe

Come visit us on the internet at <http://www.sos.state.tx.us/>  
Fax: (512) 463-5709  
TDD: 10254

Dial: 7-1-1 for Relay Services  
Document: 416604100002