

F1100000314

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
B.K. MCCARTHY INSURANCE AGENCY, INC.**

Certificate of Status	0
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RE-SUBMIT

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Chy Alt Jan



October 17, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

B.K. MCCARTHY INSURANCE AGENCY, INC.

P.O. BOX 1388

BANGOR, ME 04402-1388US

SUBJECT: B.K. MCCARTHY INSURANCE AGENCY, INC.

REF: F11000000314

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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 Roberts
Regulatory Specialist II

FAX Aud. #: H12000251192
Letter Number: 312A00025663

RECEIVED
12 OCT 18 AM 8:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE-SUBMIT

Please retain original filing
date of submission 10/17

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B.K. McCarthy Insurance Agency, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F11000000314

The enclosed *Resolution of the Board of Directors to Change the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathryn Helnonen
(Name of Contact Person)

BKM, Inc.
(Firm/Company)

PO Box 1388
(Address)

Bangor, ME 04402-1388
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathryn Helnonen at (207) 947-7345 ext 204
(Name of Contact Person) (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

CR2B125 (7/08)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 OCT 17 PM 3:32



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO CHANGE
THE ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Royce M. Cross, do hereby certify
(Name)

that this Resolution of the Board of Directors of BKM, Inc.

(Name of Corporation)

a corporation duly organized and existing under the laws of Maine,
(State or Country)

was adopted on 1/1/11, changing the alternate

name in Florida from B.K. McCarthy Insurance Agency, Inc. to
(Current Alternate Name)

Cross Insurance-Peabody Inc.

(Alternate Name) NOTE: Must contain a corporate suffix

and its real name is unavailable in Florida.

Date: 10/15/12

[Signature]
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

President

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:

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

CR2B125 (7/08)