F12000000016

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies		s of Status
Special Instructions to Filing Officer:		
	·	





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12/02/16--01007--024 **43.75

SECRETARY OF STATE

DEC 0 5 2016 T. LEAMELIX

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	TGA Cross Insurance, Inc.
	Name of Corporation
DOC	UMENT NUMBER:
The e	nclosed Amendment and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Courtn	ey Wentworth
	Name of Contact Person
Cross l	insurance
	Firm/Company
PO Bo	x 1388
	Address
Bango	r, ME 04402
	City/State and Zip Code
licensi	ng@crossagency.com
E	-mail address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
Courtn	ey Wentworth 207 947-7345 at ()
	Name of Contact Person Area Code & Daytime Telephone Number
Enclo	sed 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, 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)

F12000002016	
(Document numb	ber of corporation (if known)
TGA Cross Insurance, Inc.	
(Name of corporation as it appear	ers on the records of the Department of State)
01/05/1973	3. (Date authorized to do business in Florida)
(Incorporated under laws of)	(Date authorized to do business in Florida)
(4-7 COMPLETE ONL	ECTION II y the applicable changes)
	tion, when was the change effected under the laws of
its jurisdiction of incorporation? 10/04/2016	
Cross Insurance - Wakefield, Inc.	
appropriate abbreviation, if not contained in new i	
business in Florida) 5. If the amendment changes the period of duration, in	10 E 5
(1)	New duration)
. If the amendment changes the jurisdiction of incorp	poration, indicate new jurisdiction.
(Ne	ew jurisdiction)
3. Attached is a certificate or document of similar imp 90 days prior to delivery of the application to the D having custody of corporate records in the jurisdict	port, evidencing the amendment, authenticated not more that Department of State, by the Secretary of State or other officiation under the laws of which it is incorporated.
Signature of a director, pr	resident or other officer - if in the hands rt appointed fiduciary, by that fiduciary)
Royce M. Cross	President

(Title of person signing)

Typed or printed name of person signing)



The Gommonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

November 7, 2016

TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office,

LAKESIDE INSURANCE AGENCY, INC.

was incorporated under the General Laws of this Commonwealth on January 5, 1973.

I also certify that in Articles of Amendment filed here **September 2, 2011**, the name of said corporation was changed to:

TGA CROSS INSURANCE, INC.

I further certify that in Articles of Amendment filed here October 4, 2016, the name of said corporation was changed to:

CROSS INSURANCE - WAKEFIELD, INC.

I also certify that no other amendments to the Articles of Organization appear of record here and said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travers Galicin

Processed By:sam