

6/4/2021

Division of Corporations

F1500005473

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.

(((H21000221983 3)))



H210002219833ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 JUN -4 AM 8:07

FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
FIRST PROTECTIVE INSURANCE GROUP, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	08
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

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)

F15000005473

(Document number of corporation (if known))

1. First Protective Insurance Group, Inc.
 (Name of corporation as it appears on the records of the Department of State)
2. Alabama 3. 12/11/2015
 (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? 06/01/2021
5. Concourse Financial Group 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. 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: _____, Florida _____
 (City) (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.

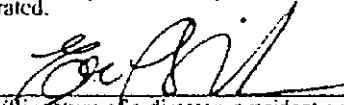
 Signature of New Registered Agent, if changing

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 2021 JUN -4 AM 8:07
 TALLAHASSEE, FLORIDA

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

<u>or Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove

10. 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)

Eric Miller

President

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

FILED
 2021 JUN -4 AM 8:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

John H. Merrill
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

as appears on file and of record in this office, the pages hereto attached, contain a
true, accurate, and literal copy of the Articles of Amendment filed on behalf of
Concourse Financial Group Agency, Inc., as received and filed in the Office of the
Secretary of State on 05/28/2021.



20210603000007938

In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.

06/03/2021

Date

A handwritten signature in cursive script that reads "J. H. Merrill".

John H. Merrill

Secretary of State

**CERTIFICATE OF AMENDMENT TO THE
CERTIFICATE OF INCORPORATION
OF
FIRST PROTECTIVE INSURANCE GROUP, INC.
an Alabama corporation**

Pursuant to the provisions of Sections 10A-2A-10.01 through 10A-2A-10.09 of the Alabama Business Corporation Law, as amended, (the "Law"), the undersigned corporation adopts the following Certificate of Amendment to its Certificate of Incorporation:

FIRST: The name of the corporation is First Protective Insurance Group, Inc. (the "Corporation"). The Alabama Entity ID Number of the Corporation is 091-542.

SECOND: The Certificate of Incorporation of the Corporation is hereby amended effective as of the date set forth in Section Sixth below to effect a change to the name of the Corporation. Paragraph 1 of the Certificate of Incorporation of the Corporation is hereby deleted in its entirety and the following shall be substituted in lieu thereof:

1. The name of the corporation is CONCOURSE FINANCIAL GROUP AGENCY, INC.

THIRD: The amendment to the Certificate of Incorporation was duly approved and adopted by written consent of the board of directors of the Corporation and the sole stockholder of the Corporation in the manner required under the Law and the Certificate of Incorporation.

FOURTH: A copy of the Name Reservation form issued by the Office of the Secretary of State is attached hereto as Exhibit A.

FIFTH: Except as amended hereby, the Certificate of Incorporation of the Corporation remains in full force and effect.

SIXTH: This Certificate of Amendment shall be effective as of 12:01 AM on June 1, 2021, in accordance with Section 10A-1-4.12 of the Alabama Business and Nonprofit Entity Code.

(signature page follows)

RECEIVED DATE

MAY 28 2021

SECRETARY OF STATE
OF ALABAMA
05912936.2 / 149439

Alabama
Sec. Of State

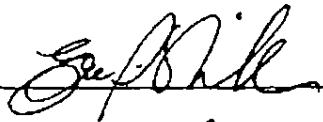
Entity Change
091-542 D/C
Date 5/28/2021
Time 19:00
210528 4 Pg

File \$100.00
County \$.00
Total \$100.00
08/009

IN WITNESS WHEREOF, the Corporation has caused this Certificate of Amendment to the Certificate of Incorporation of the Corporation to be executed in its name and on its behalf as of this the 28th day of MAY, 2021.

CORPORATION:

FIRST PROTECTIVE INSURANCE GROUP,
INC.
an Alabama corporation

By: 

NAME: ERIC P. MILLER

TITLE: PRESIDENT

This instrument prepared by:

John P. Dulin, Esq.
Maynard, Cooper & Gale, P.C.
1901 Sixth Avenue North
Suite 1700
Birmingham, AL 35203
(205) 254-1000

Exhibit A

NAME RESERVATION FORM

[See Attached]

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama
1975, and upon an examination of the entity records on file in this office, the
following entity name is reserved as available:

Concourse Financial Group Agency, Inc.

This name reservation is for the exclusive use of Maynard, Cooper & Gale, P.C.,
1901 Sixth Avenue North, Suite 1700, Birmingham, AL 35203 for a period of one
year beginning March 31, 2021 and expiring March 31, 2022



RES941664

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

March 31, 2021

Date

J. H. Merrill

John H. Merrill

Secretary of State

Alabama
Sec. Of State

Entity Change
091-342 O/C
Date 5/28/2021
Time 19:00
210528 4 Pg

File \$100.00

County \$0.00

Total \$100.00
08/009