F92776

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TO:

Amendment Section

Division of Corporations Business & Family Insurors Inc. SUBJECT: Name of Corporation **DOCUMENT NUMBER:**_F92776 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Karen E Gonzalez Name of Contact Person Business & Family Insurors Inc Firm/Company 1001 Highland Avenue NE Address Largo FL 33770 City/State and Zip Code karen@bfinsurors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen E Gonzalez Name of Contact Person Enclosed is a check for the following amount: ☐ \$43.75 Filing Fee & Certificate of Status **\$35.00** Filing Fee ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy □ \$43.75 Filing Fee & Certified Copy Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF CORRECTION

office \$ 100 miles and \$

For

Business & Family Insurors Inc		
Name of Corporation as currently filed with the Florida Dept. of State	•	
F92776		
Document Number (if known)		
Pursuant to the provisions of Section 607.0124, Florida Statutes.		
These articles of correction correct Articles of the Corporation		,
(Document Type nemg Confected)		
filed with the Department of State on 66.06.2022 (File Date of Document)		
Specify the inaccuracy, incorrect statement, or defect:		
Deletion of a Corporate Officer		
- Competition of the Competition		
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Correct the inaccuracy, incorrect statement, or defect:		
Delete Ronald G. Clemow from the corporate filing as an officer		
		
		
(Signature of a director, president or other officer \(\)\)\ if directors\(\)\ or officers have not been selected, by an incorporator - if in the kunds of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.\(\)		
Karen E. Gonzalez (Typed or printed name of person signing) President of the of the office of the o	ident person signing	.)

Filing Fee: \$35.00