

F97000001123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

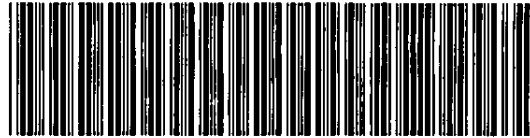
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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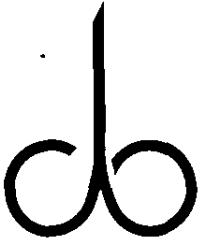
08/19/16--01017--004 **35.00

FILED
16 AUG 19 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FL

Name change

SEP 07 2016

D CUSHING



Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

BILL WOODYARD
President

August 15, 2015

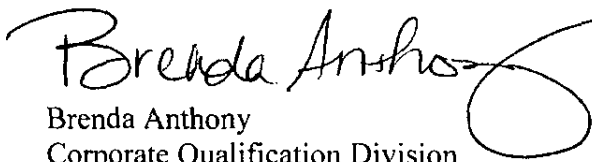
State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the necessary documents to amend the certificate of authority of **American Bar Insurance Plans Consultants, Inc. (F97000001123)** to reflect the entity name change in their home state to **American Lawyers Insurance Plans, Inc.** effective 06/28/2016. The foreign corporation will continue to be in the business of insurance functioning as a non-resident insurance agency.

I trust this letter and the enclosed document and fee will place this filing in compliance with your state statutes. If any further action is required, please do not hesitate to contact me.

Sincerely,


Brenda Anthony
Corporate Qualification Division

/bsa

Enclosures

FILED
16 AUG 19 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Bar Insurance Plans Consultants, Inc.

Name of Corporation

DOCUMENT NUMBER: F97000001123

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda Anthony

Name of Contact Person

Central Licensing Bureau

Firm/Company

1501 N University, Suite 550

Address

Little Rock, AR 72207

City/State and Zip Code

corpqual@centrallicensingbureau.com ✓

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

For further information concerning this matter, please call:

Brenda Anthony - Central Licensing Bureau

at (501) 664-8044

Name of Contact Person

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

FILED
16 AUG 19 AM 10:37
SECRETARY OF DEFENSE
TALLAHASSEE, FLORIDA

F97000001123

American Bar Insurance Plans Consultants, Inc.

2. Illinois

3. 03/05/1997

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 06/28/2016

5. American Lawyers Insurance Plans, Inc.

(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.

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

William R. Bear

(Typed or printed name of person signing)

Executive Director

(Title of person signing)

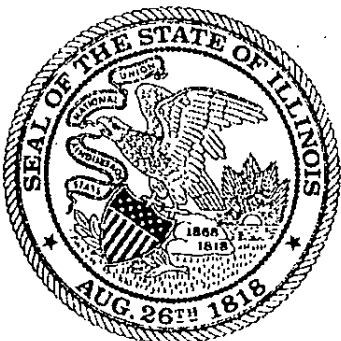
File Number 5510-606-1



To all to whom these Presents Shall Come, Greeting:

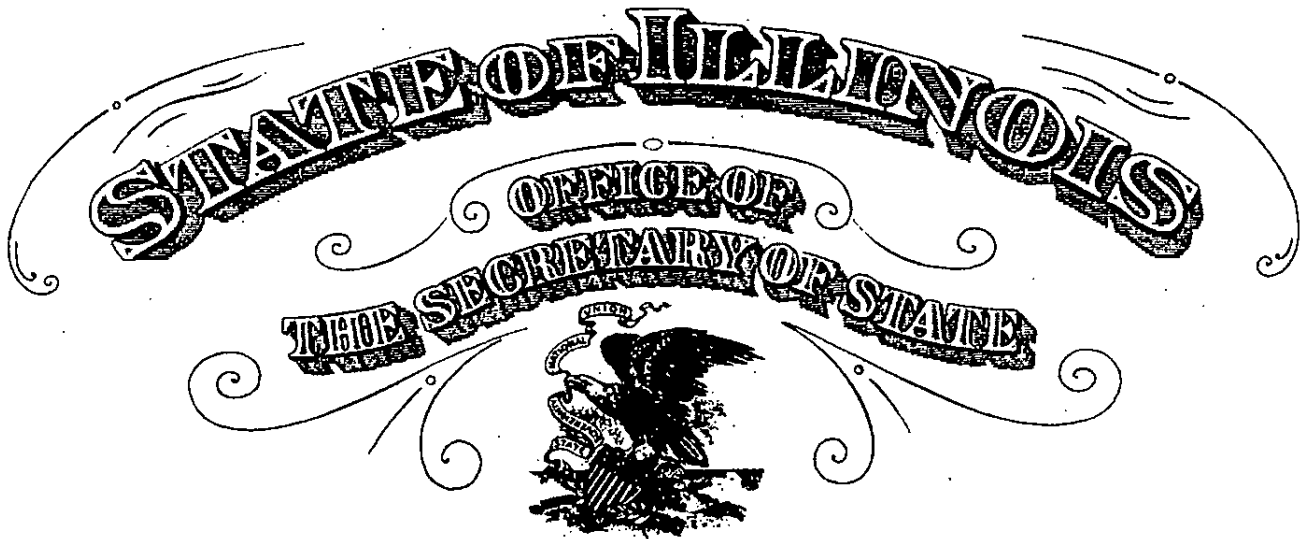
I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION WERE FILED IN THIS OFFICE JUNE 28, 2016, CHANGING THE CORPORATE NAME FROM AMERICAN BAR INSURANCE PLANS CONSULTANTS, INC. TO AMERICAN LAWYERS INSURANCE PLANS, INC. *****



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 4TH
day of AUGUST A.D. 2016 .

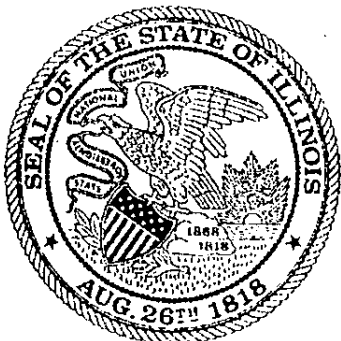
Jesse White



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 3 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR AMERICAN LAWYERS INSURANCE PLANS, INC..



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 4TH
day of AUGUST A.D. 2016

Jesse White

FORM **BCA 10.30** (rev. Dec. 2003)
ARTICLES OF AMENDMENT
Business Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-1832
www.cyberdriveillinois.com



CD0270035

Filed: 6/28/2016 Jesse White Secretary of State

MJE

File # 55106061

Filing Fee: \$50 Approved: _____

Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. Corporate Name (See Note 1 on page 4.): American Bar Insurance Plans Consultants, Inc.

2. Manner of Adoption of Amendment:

The following amendment to the Articles of Incorporation was adopted on June 24, 2016
in the manner indicated below: Month Day Year

Mark an "X" in one box only.

- ☐ By a majority of the incorporators, provided no directors were named in the Articles of Incorporation and no directors have been elected. (See Note 2 on page 4.)
- ☐ By a majority of the board of directors, in accordance with Section 10.10, the Corporation having issued no shares as of the time of adoption of this amendment. (See Note 2 on page 4.)
- ☐ By a majority of the board of directors, in accordance with Section 10.15, shares having been issued but shareholder action not being required for the adoption of the amendment. (See Note 3 on page 4.)
- ☒ By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. At a meeting of shareholders, not less than the minimum number of votes required by statute and by the Articles of Incorporation were voted in favor of the amendment. (See Note 4 on page 4.)
- ☐ By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by shareholders having not less than the minimum number of votes required by statute and by the Articles of Incorporation. Shareholders who have not consented in writing have been given notice in accordance with Section 7.10. (See Notes 4 and 5 on page 4.)
- ☐ By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by all the shareholders entitled to vote on this amendment. (See Note 5 on page 4.)

3. Text of Amendment:

a. When amendment effects a name change, insert the New Corporate Name below. Use page 2 for all other amendments.

Article I: Name of the Corporation American Lawyers Insurance Plans, Inc.

New Name

(All changes other than name include on page 2.)

JW
gr

Text of Amendment

- b. If amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety.
For more space, attach additional sheets of this size.

4. The manner, if not set forth in Article 3b, in which any exchange, reclassification or cancellation of issued shares, or a reduction of the number of authorized shares of any class below the number of issued shares of that class, provided for or effected by this amendment, is as follows (If not applicable, insert "No change"):

No change

5. a. The manner, if not set forth in Article 3b, in which said amendment effects a change in the amount of paid-in capital is as follows (if not applicable, insert "No change"):
(Paid-in capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts.)

No change

- b. The amount of paid-in capital as changed by this amendment is as follows (if not applicable, insert "No change"):
(Paid-in Capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts.)
(See Note 6 on page 4.) **No change**

	Before Amendment	After Amendment
Paid-in Capital:	\$ <u>No change</u>	\$ <u>No change</u>

Complete either Item 6 or Item 7 below. All signatures must be in BLACK INK.

6. The undersigned Corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated June 28, 2016 American Bar Insurance Plans Consultants, Inc.
Month & Day Year Exact Name of Corporation

William R. Bear
Any Authorized Officer's Signature



William R. Bear, Vice President
Name and Title (type or print)

7. If amendment is authorized pursuant to Section 10.10 by the incorporators, the incorporators must sign below, and type or print name and title.

OR

If amendment is authorized by the directors pursuant to Section 10.10 and there are no officers, a majority of the directors, or such directors as may be designated by the board, must sign below, and type or print name and title.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated _____, _____
Month & Day Year

_____	_____
_____	_____
_____	_____
_____	_____