G53643

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Lyndel M. Hale In	surance, Inc.			
DOCUMENT NUM					
	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	Tracy Hale				
		Name of Contact Person	1		
	Lyndel M. Hale Insurance, Ir	ic.			
		Firm/ Company			
	2751 Blanding Boulevard, St	, -			
		Address			
	Middleburg, FL 32068				
		City/ State and Zip Code	e		
	tracy.hale@lyndelhaleagency	com.			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informat	ion concerning this matter, plea	se call:			
Tracy Hale		at (352	612-4154		
Name	e of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
At Di P.s	ailing Address mendment Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Lyndel M. Hale Insurance, Inc.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
G83643		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment	ent(s) to
A. If amending name, enter the new name of the corporation:		
Lyndel Hale Agency Inc.	The new	.•
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,	•
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2001:73	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		Ó
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	City) (Zip Code) ith and accept the obligations of the position.	
Signature of New Re	gistered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Du	<u>)e</u>		
X Remove	<u>V</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change		_		·	
Add					
Remove					
2) Change		_			
Add					
Remove 3) Change		_			
Add					
Remove					.=-
4) Change		_	-	 -	
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

<u>r amenuing (</u> Attach <i>additic</i>	or adding addi onal sheets, if n	ecessary), (l	Be specific)	ers) nere:			
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'an amendn	<u>nent provides f</u>	for an exchans	ge, reclassific	ation, or cance	<u>llation of issue</u>	d shares,	
<u>provisions fo</u>	o <mark>r implementi</mark> r oplicable, indica	ng the amendr	nent if not co	ntained in the	amendment it:	<u>self:</u>	
(у піл ар	pin ame, marei	ate 1777)					
							
				-			
							
							

The date of each amendment(s) adoption:	_, if other than the
date this document was signed. 12/10/2021	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r document's effective date on the Department of State's records.	iot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and saction was not required.	hareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
live tal on itala	
Lyndel M. Hale (Typed or printed name of person signing)	
President	
(Title of person signing)	