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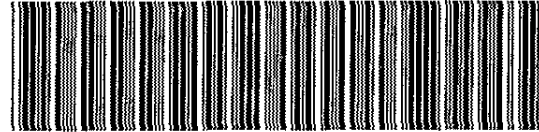
(Business Entity Name)

(Document Number)

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06 AUG 28 AM 11:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2006 8 30

Amey

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Maurice E Felt Agency, Inc.

DOCUMENT NUMBER: Tx 10 # 59-2534066

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith Felt / Israela Zaphrany
(Name of Contact Person)

Maurice E. Felt Agency, Inc.
(Firm/ Company)

P.O. Box 17317
(Address)

Plantation, FL 33318
(City/ State and Zip Code)

For further information concerning this matter, please call:

(954) Judith / Israela at (954) 484-2461
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

Maurice E. Felt Agency, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

FILED
06 AUG 28 AM 11:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Name of Owner + Secretary change to
a surviving spouse

- New owner name:

Judith M. Felt

9450 N.W. 8th Circle

Plantation, FL 33324

* see death certificate attached.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 8/15/06

Effective date if applicable: ASAP 8/15/06
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

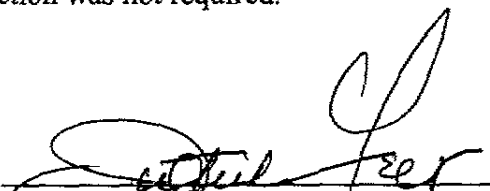
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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)"

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

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)

Judith M. Felt
(Typed or printed name of person signing)

President - owner.
(Title of person signing)

FILING FEE: \$35

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
FLORIDA CERTIFICATE OF DEATH
CERTIFIED COPY

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix)

MAURICE

E.

FELT

2. SEX
MALE

3. DATE OF BIRTH (Month, Day, Year)

SEPTEMBER 29, 1925

4a. AGE Last Birthday (Years)

80

4b. MONTH YEAR

Months

4c. MONTH YEAR

Days

4d. MONTH YEAR

Hours

4e. MONTH YEAR

Minutes

5. DATE OF DEATH (Month, Day, Year)

DECEMBER 13, 2005

6. SOCIAL SECURITY NUMBER

197-18-7297

7. BIRTHPLACE (City and State or Foreign Country)

PHILADELPHIA, PENNSYLVANIA

8. COUNTY OF DEATH

BROWARD

9. PLACE OF DEATH (Check only one)

HOSPITAL

Inpatient

Emergency Room/Outpatient

Nursing Facility

Nursing Home/Long Term Care Facility

Decedent's Home

Other (Specify)

Dead on Arrival

10. FACILITY NAME (If not institution, give street address)

9450 N.W. 8TH CIRCLE

11a. CITY, TOWN, OR LOCATION OF DEATH

PLANTATION

11b. DISTRICT CITY LIMITS?

X Yes No

12. MARITAL STATUS (Specify)

X Married

Married, Not Separated

Widowed

Divorced

Never Married

13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)

JUDITH GOLDMAN

14a. RESIDENCE STATE

FLORIDA

14b. COUNTY

BROWARD

14c. CITY, TOWN, OR LOCATION

PLANTATION

14d. STREET ADDRESS

9450 N.W. 8TH CIRCLE

14e. APT. NO.

14f. ZIP CODE

33324

14g. INSIDE CITY LIMITS?

X Yes No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life)

OWNER

15b. KIND OF BUSINESS/INDUSTRY

INSURANCE AGENCY

16. DECEDENT'S RACE (Specify the race or races to indicate what decedent considered himself/herself to be. More than one race may be specified.)

X White

Black or African American

American Indian or Alaskan Native (Specify tribe)

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian (Specify)

Native Hawaiian

Guamanian of Chamorro

Samoan

Other Pacific Is. (Specify)

17. DECEDENT OF HISPANIC OR LATIN ORIGIN? (Specify if decedent was of Hispanic or Mexican Origin)

X Yes (If Yes, specify)

No

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death)

High school or less

High school but no diploma

High school diploma or GED

College but no degree

College degree (Specify)

Associate

Bachelor's

19. FATHER'S NAME (First, Middle, Last, Suffix)

HARRY FELT

20. MOTHER'S NAME (First, Middle, Last, Suffix)

RACHEL GOLDBERG

21. INFORMANT'S NAME

JUDITH FELT

22. RELATIONSHIP TO DECEDENT

WIFE

23. INFORMANT'S MAILING STATE

FLORIDA

24. CITY OR TOWN

PLANTATION

25. STREET ADDRESS

9450 N.W. 8TH CIRCLE

26. ZIP CODE

33324

27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

STAR OF DAVID MEMORIAL GARDENS

28. LOCATION - STATE

FLORIDA

29. LOCATION - CITY OR TOWN

N. LAUDERDALE

30. METHOD OF DISPOSITION (Check only one)

X Burial

Entombment

Cremation

Donation

Removal from State

Other (Specify)

31. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL OBTAINED? (Yes/No)

X Yes

No

32. LICENSE NUMBER (of Licensee)

232

33. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH

34. NAME OF FUNERAL FACILITY

STAR OF DAVID MEMORIAL CHAPEL

35. FACILITY'S MAILING STATE

FLORIDA

36. CITY OR TOWN

N. LAUDERDALE

37. STREET ADDRESS

7701 BAILEY RD

38. ZIP CODE

33068

39. CERTIFICATE

I, _____, Certified Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.

31. SIGNATURE AND TITLE OF CERTIFIER <i>Donna Owens</i>		31b. DATE SIGNED (MM/DD/YYYY) 12-20-2005	32. TIME OF DEATH (24 H.) 2000	33. MEDICAL EXAMINER'S SIGNATURE
34a. LICENSE NUMBER (of Certifier) 055523	34b. CERTIFIER'S NAME <i>Donna W. Owens</i>	35. NAME OF ATTENDING PHYSICIAN (if other than Decedent)		
36a. CERTIFIER'S STATE FLORIDA	36b. CITY OR TOWN FT LAUDERDALE	36c. STREET ADDRESS 5420 N.W. 33RD AVE	36d. ZIP CODE 33309	
37. SUBREGISTRAR - Signature and Date <i>Donna Owens</i>		38. LOCAL REGISTRAR - Signature <i>Donna Owens</i>	39. DATE FILED BY REGISTRAR (Mo., Day, Yr) DEC 23 2005	
40. PROBABLE MANNER OF DEATH The following are under the jurisdiction of the medical examiner: Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unexplained <input type="checkbox"/>				
41. CAUSE OF DEATH - PART I (See instructions on back) IMMEDIATE CAUSE (Final disease or condition resulting in death) <i>Lung Cancer with metastasis</i>				
42. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
43. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY				
44. DATE OF SURGERY (Mo., Day, Yr.)				
45. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown <input type="checkbox"/>				
46. DATE OF BIRTH (Month, Day, Year)				
47. TIME OF INJURY (24 H.)				
48. INJURY AT WORK? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
49a. CITY OR TOWN				
49b. STREET ADDRESS				
49c. APT. NO.				
49d. ZIP CODE				
50. DESCRIBE HOW INJURY OCCURRED				
51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)				
52a. Status of Decedent Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
52b. Type of Vehicle Car/Minivan <input type="checkbox"/> SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other (Specify)				

Donna Owens
Deputy Chief Registrar

DEC 27 2005



WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD



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