

Requestor's Name **K52287**

Address **K52287**

City/State/Zip _____ Phone # _____

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
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NEW FILINGS	
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<input type="checkbox"/>	NonProfit
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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials	
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**AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
FLORIDA VEHICLE INSURANCE AGENCY, INC.**

Pursuant to the provisions of §607.1006 of the Florida Business Corporation's Act, the undersigned Corporation adopts the following Articles of Amendment to the Articles of Incorporation.

1. Article 1 is hereby amended to read as follows: The name of the Corporation shall be OLD AMERICAN AGENCY, INC.

5th 2. The Amendment to the Articles of Incorporation were adopted on February 5th, 1999.

3. The Amendment was approved by unanimous consent of all of the Shareholders. The number of votes cast for approval were sufficient.

In all other respects, the Articles of Incorporation shall remain as they were prior to this Amended being adopted.

IN WITNESS WHEREOF, we hereby set our hands and seals this 5th day of February, 1999.

ATTEST:
AGENCY, INC.

FLORIDA VEHICLE INSURANCE

By: Renee Blustein, Secretary

By: Renee Blustein, President

(Corporate Seal)

STATE OF Illinois
COUNTY OF Cook

The foregoing instrument was acknowledged before me this 10th day of February, 1999 by RENEE BLUSTEIN, President of FLORIDA VEHICLE INSURANCE AGENCY, INC., who is:

X personally known to me, OR

_____ has produced _____ as identification.

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TALLAHASSEE FLORIDA

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ARNSTEIN & LEHR

NO. 8230 P. 3

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Notary Name: Denise Corinne Wolczyk
NOTARY PUBLIC
My Commission Expires: 6-24-02



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