

K68507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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10/17/13--01001--005 **35.00

NC

OCT 17 2013

R. WHITE

DEPARTMENT OF REVENUE

13 OCT 16 PM 1:20

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 OCT 18 PM 4:12

FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ANDERS-MONAHAN

INSURANCE AGENCY, INC.

Signature _____

Requested by: Seth

10/17/13

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2013

CAPITAL CONNECTION, INC.

SUBJECT: ANDERS-MONAHAN INSURANCE AGENCY, INC.
Ref. Number: K68507

We have received your document for ANDERS-MONAHAN INSURANCE AGENCY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporation's name was changed on 04/27/12.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 913A00024359



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 OCT 17 PM 3:52

DIVISION OF CORPORATIONS

October 17, 2013

CAPITAL CONNECTION, INC.

SUBJECT: ANDERS-MONAHAN INSURANCE AGENCY, INC.
Ref. Number: K68507

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 213A00024272



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 OCT 18 PM 3:39

DIVISION OF CORPORATIONS

October 17, 2013

CAPITAL CONNECTION, INC.

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Ref. Number: K68507

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____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

FILED

10 OCT 18 PM 4:12

**ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

ANDERS-MONAHAN INSURANCE AGENCY, INC.

The undersigned for the purpose of amending a corporation under Florida Statutes, Section 607, hereby adopts the following Amendment to the Articles of Incorporation of Anders Insurance Agency, Inc.

ARTICLE I - NAME

The new name of this corporation is **Anders Insurance Agency, Inc.**

All other information as set forth in the Articles of Incorporation shall remain the same.

The Date of Adoption of this Amendment is October 15, 2013.

The Amendment was adopted by the Board of Directors and Shareholders on October 15, 2013.

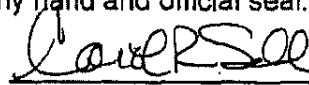
IN WITNESS WHEREOF, I have subscribed my name this 15th day of October, 2013.


Robert E. Anders

STATE OF FLORIDA
COUNTY OF LEE

On this 15th day of Oct., 2012, before me, a Notary Public, the undersigned officer, personally appeared ROBERT E. ANDERS, to me known to be the person whose name is subscribed to the within instrument and he acknowledged that he executed the same for the purpose contained therein.

IN WITNESS WHEREOF, I hereby set my hand and official seal.


Notary Public

My Commission Expires:

