

L200000 50907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

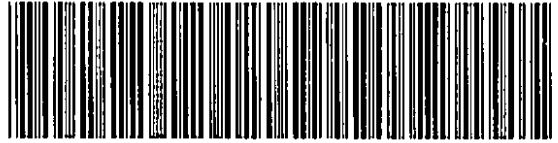
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/24/20--01003--004 \*\*25.00

RECEIVED  
20 APR 24 AM 11:39

Amend

MAY 11 2020

D CUSHING

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **Change Principal Tile on FL LLC Filing**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Timothy J Wiggins**

\_\_\_\_\_  
Name of Person

**DOXA Accident & Health Insurance , LLC**

\_\_\_\_\_  
Firm/Company

**1502 Magnavox Way, Suite 250**

\_\_\_\_\_  
Address

**Fort Wayne, IN 46804**

\_\_\_\_\_  
City/State and Zip Code

**tim.wiggins@doxainsurance.com**

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

For further information concerning this matter, please call:

**Timothy J Wiggins**

at ( **260** ) **433 - 5921**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20 APR 21 AM 11:32

REC'D  
CORPORATION  
DIVISION

20 APR 24 AM 11:32

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

**We simply want to change the individual title for  
Lane Smith. Today he is listed as a "MGR" and we  
would like it to state that he is "PRESIDENT" of  
DOXA Accident & Health Insurance, LLC.**

**Thanks!**

**Tim Wiggins  
(260) 433 5921**

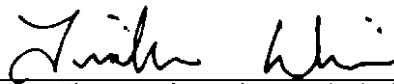
E. Effective date, if other than the date of filing: **Date of Filing is fine** (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated **April 15**, **2020**



Signature of a member or authorized representative of a member

**Timothy Wiggins**

Typed or printed name of signer