# L62500

(Re	equestor's Name)	)
(Ad	ldress)	· .
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
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SECALIARY OF STATE
INCLAHASSEE, FLORIDA

JUN 1 4 2016

C. CARROTHERS

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: PARKS INSURA	NCE CORPORATION	
DOCUMENT NUM			
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	KELLY WEEKS		
		Name of Contact Person	1
	PARKS INSURANCE COR	PORATION	
		Firm/ Company	
	PO BOX 770788		
		Address	
	OCALA, FL 34477		
		City/ State and Zip Cod	e ,
KEI	LYWEEKS@JERRYPARKS	INSURANCE COM	
	-	sed for future annual report	notification)
	(		,
For further information	on concerning this matter, pleas	se call:	
KELLY WEEKS		at ( <u>352</u>	) 237-2164 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address
	nendment Section	Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

#### PARKS INSURANCE COPORATION

(Name of Corporation a	s currently filed with the Florida Dept. of State)
L62500	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpo	ration:
name must be distinguishable and contain the word "c" ("Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	corporation," "company," or "incorporated" or the abbreviation in the abbreviation in the incorporation name must confain the interviation "P.A."
(Principal Office address MOST BE A STREET ADDRES	02 2: 02 2: 03 2:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered officers.	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	., Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
Signatur	re of New Registered Agent if changing

## 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)

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.

Example: X_Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	DIANE PARKS	PO BOX 770788
Add XX Remove			OCALA, FL 34477
2) Change	s	ANN LIBERTY	PO BOX 770788
Add			OCALA, FL 34477
XX Remove			
3) XX Change	PVTS	JERRY W PARKS	PO BOX 770788
Add			OCALA, FL 34477
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del> -		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
······································	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

<u>.</u>	JUNE 1, 2016	
The date of each amendment		, if other than the
date this document was signed	•	
	JUNE 1, 2016	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this dance Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	11	
· · ·	(voting group)	
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
JUNE	3, 2016	
Dated		
	Ly le Parks	
Signature	- py w 1 aurs	
(E	a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator - if in the hands of a receiver, trustee, or other cou	
	ppointed fiduciary by that fiduciary)	
	· · · · · · · · · · · · · · · · · · ·	
	JERRY W PARKS	
	(Typed or printed name of person signing)	
	PVTS	
	1 1 1 1 0	

(Title of person signing)