## NORDONTHA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Florida Property NAME OF CORPORATION:	and Casulaity Asso	ociation- CCE, Inc.
N0200007649		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Diane Doll		
1	(Name of Contact Person	)
PAC Financial Management		
	(Firm/ Company)	
9203 Oakfair Drive		
	(Address)	
Tallahassee, FL 32317		
	(City/ State and Zip Code	)
dianeldoll@gmail.com		
E-mail address: (to be used	for future annual report r	otification)
For further information concerning this matter, please	call:	
Diane Doll	850	509-1788
(Name of Contact Person)	at (at (	de & Daytime Telephone Number)
Enclosed is a check for the following amount made pa		
■ \$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)
Mailing Address Amendment Section	Amend	Address ment Section

Division of Corporations P.O. Box 6327

Division of Corporations Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment FILED Articles of Incorporation JUL 10 AH 9: 44 Casualty Association- CCE, Inc. ASECRE FARY OF STATES "LALLEAFIASSELE, FILLORIDA (Name of Corporation as currently filed with the Florida Dept. of State) N02000007649 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Florida Property and Casualty Association - PC, Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. n/a B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: n/a (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

Florida\_

(Zip Code)

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		n/a 	 
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		· · · · · · · · · · · · · · · · · · ·	 
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		4	
Add			
Remove			
6) Change			 
Add			
Remove			

riticle I - Name is amendmed to read:  The name of the corporation is: Florida Property and Casualty Association - PC, Inc."	. If amending or adding additional Ar (attach additional sheets, if necessary).	rticles, enter change(s) here:  . (Be specific)				
The name of the corporation is: Florida Property and Casualty Association - PC, Inc."						
		To more than the state of the s				
		<u> </u>				

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The	date of each amendment(s) adoption: Une 24, 2013				
Effe	Effective date if applicable:				
	(no more than 90 days after amendment file date)				
Ado	option of Amendment(s) (CHECK ONE)				
X	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.				
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
	Dated JUNE 24 2013				
	Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
	CHARLES J. GIRIMGLEY				
	(Typed or printed name of person signing)				
	CHAIRMAN				
	(Title of person signing)				

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Elorida Prope	rty and Casulalty Asso	ociation- CCF, Inc
NAME OF CORPORATION:		
N02000007649		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Diane Doll		
	(Name of Contact Person	<u> </u>
PAC Financial Management		
	(Firm/ Company)	<u> </u>
9203 Oakfair Drive		
	(Address)	
Tallahassee, FL 32317		
	(City/ State and Zip Code	)
dianeldoll@gmail.com		
E-mail address: (to be us	sed for future annual report r	otification)
For further information concerning this matter, plea	ase call:	
Diane Doll		509-1788
(Name of Contact Person)	(Area Co	_)
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	& \$\sumsymbol{\Pi}\$\$\$ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301