

N18457

(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:

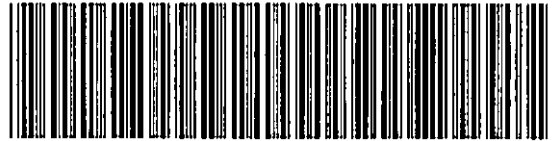
Anne Lundford gave
permission to correct
the document

(Barlow)

cf 2/21/2022

Office Use Only

1173



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01/24/22--01007--006 **35.00

FILED

2022 FEB 18 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FL

cf 2/21/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Halifax Insurance Plan, Inc.

DOCUMENT NUMBER: N18457

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne F. Lunsford
(Name of Contact Person)

Halifax Insurance Plan, inc.
(Firm/ Company)

1540 Cornerstone Boulevard Suite 140
(Address)

Daytona Beach, Florida 32117
(City/ State and Zip Code)

alunsford@halifaxins.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Lunsford at 386 310-7969
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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

HALIFAX INSURANCE PLAN, INC.

Halifax Physicians' Trust
A Self Insurance Plan
1540 Cornerstone Blvd.
Suite
Daytona Beach, Florida 32117
Office (386) 310-7969
Cell (386) 846-3493
alunsford@halifaxins.org
bthompson@halifaxins.org

February 15, 2022

Claretha Golden
Regulatory Specialist II
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Halifax Insurance Plan, Inc.
Document Number N18457
Letter Number: 122A00003126

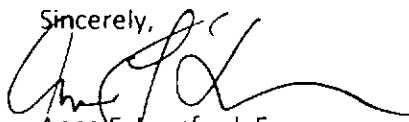
Dear Ms. Golden:

Enclosed for filing are Articles of Amendment or Restated Articles of Incorporation for the above referenced entity, **the title of which has been corrected as directed**. In addition, please find filing of amended address, officer/director and amended registered agent. A check in the amount of \$35.00 for the associated filing fee has been received as acknowledged in the attached correspondence from the Department of State, Letter Number: 122A00003126. Please advise if anything further is required and kindly address all correspondence to:

Anne Lunsford, Esq.
Vice President
Halifax Insurance Plan, Inc.
1540 Cornerstone Blvd. Suite 140
Daytona Beach, Florida 32117
or to
alunsford@halifaxins.org

Thank you for your attention.

Sincerely,



Anne E. Lunsford, Esq.
Vice President
Halifax Insurance Plan, Inc.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 FEB 18 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FL

February 8, 2022

ANNE F. LUNSFORD
1540 CORNERSTONE BOULEVARD
SUITE 140
DAYTON BEACH, FL 32117

SUBJECT: HALIFAX INSURANCE PLAN, INC.
Ref. Number: N18457

We have received your document for HALIFAX INSURANCE PLAN, 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):

Please file the document as either Articles of Amendment or Restated Articles of Incorporation pursuant to applicable Florida Statutes. ✓

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 122A00003126

Articles of Amendment
to
Articles of Incorporation
of

FILED

2022 FEB 18 PM 3:50

Halifax Insurance Plan, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N18457

SECRETARY OF STATE
TALLAHASSEE, FL

(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:

N/A

The new 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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1540 Cornerstone Boulevard

Suite 140

Daytona Beach, Florida 32117

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1540 Cornerstone Boulevard

Suite 140

Daytona Beach, Florida 32117

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:

Anne F. Lunsford, Esq.

1540 Cornerstone Boulevard Suite 140

(Florida street address)

New Registered Office Address:

Daytona Beach

(City)

Florida 32117

(Zip Code)

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.



Signature of New Registered Agent, if changing

Amended as to Article III.

ARTICLE III-PURPOSE
(Amended)

This Corporation is organized for the purpose of: (a) procuring or providing underwriting, actuarial, risk management, claims settlement and financial and administrative services to Halifax Hospital Medical Center self-insurance program, including the Halifax Hospital self-insurance plan and the self-insurance plan for certain medical professionals and paraprofessionals practicing at Halifax Hospital Medical Center; (b) for the purpose of issuing medical professional liability insurance certificates to certain medical professionals and paraprofessionals participating in said self-insurance plan; (c) for the purpose of creating, administering and managing a self-insurance plan trust fund; and (d) for such other purposes, without limitation, as are allowed under Chapter 617, Florida Statutes (1986).

The date of each amendment(s) adoption: 11/30/2021, if other than the date this document was signed.

Effective date if applicable: 01/01/2022
(no more than 90 days after amendment file date)

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.

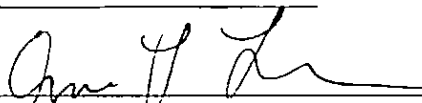
Adoption of Amendment(s) **(CHECK ONE)**

- ☐ 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 01/20/2022

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)

Anne F. Lunsford

(Typed or printed name of person signing)

Vice President /Secretary

(Title of person signing)