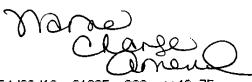
## N93000002808

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ · Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	/



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5/3/10

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Gainesville Association of Insurance & Financial Document number: Advisors, Inc.
DOCUMENT NUMBER: Advisors, Inc.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Martha S Kern (Name of Contact Person)
New York Life
(Firm/ Company)
11116 NW 60th Terrace (Address)
Alachua FL 32615 (City/ State and Zip Code)
(City/ State and Zip Code)
manthakern @ gmail. wm E-mail address: (to be used for future and all report notification)
For further information concerning this matter, please call:
Mortha Kern at 352 505 4967  (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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:
□\$35 Filing Fee
Mailing Address Amendment Section  Street Address Amendment Section
Division of Corporations  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

	3. Fair	
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2010 A	Pp _	-ED
	' T 29.	PM

(Document Number	r of Corporation (if known)	
suant to the provisions of section 617.1006, Flo following amendment(s) to its Articles of Incor		Profit Corporation adopts
If amending name, enter the new name of th	e corporation:	
	resville, Inc	•
new name must be distinguishable and conterviation "Corp." or "Inc." "Company" or "	ain the word "corporation" or "in Co." may not be used in the name.	corporated" or the
Enter new principal office address, if applications in the second of the		
	·*····································	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
	<del></del>	
Te. 19 46 . 14 4 4 4/		.4 4
If amending the registered agent and/or reginew registered agent and/or the new register		nter the name of the
Name of New Registered Agent:		<del></del>
New Registered Office Address:	(Florida street address)	
New Registered Office Address:	(Florida street address)	, Florida

Signature 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)

<u>Title</u>	Name .	<u>Address</u>	Type of Action
			Remove
E. <u>If ame</u> (a <i>ttach</i>	nding or adding additional Articles. additional sheets, if necessary). (Be	enter change(s) here: e specific)	
			, , , , , , , , , , , , , , , , , , ,
	1 ,,,,		
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The date of each amendment(s) adoption:	4/1/2010
Effective date <u>if applicable</u> :	(date of adoption is required)
(no mor	e than 90 days after amendment file date)
Adoption of Amendment(s) (CH	(ECK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)
There are no members or members entitled adopted by the board of directors.	to vote on the amendment(s). The amendment(s) was/were
Dated 4 27 1	10
Signature	tto Me
have not been selected	vice chairman of the board, president or other officer-if director ed, by an incorporator — if in the hands of a receiver, trustee, of I fiduciary by that fiduciary)
$-\infty$	ortha Kern
(Ту	ped or printed name of person signing)
	resident
	(Title of person signing)