Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ENGLANDER FISHER Account Number : I20210000198

Phone

: (727)898-7210

Fax Number

: (727)898-7210

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address	·	

COR AMND/RESTATE/CORRECT OR O/D RESIGN HELEN WADE INSURANCE AGENCY, INC.

Certificate of Status	0
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Page Count	05
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Fax: (850) 617-6380 Page: 3 of 7 03/11/2022 5:03 PM

(((H22000093477 3)))

## **COVER LETTER**

TO: Amendment Section Division of Corpora							
NAME OF CORPORA	ATION: HELEN WADE IN	SURANCE AGENCY, IN	C.				
DOCUMENT NUMBE			<u> </u>				
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.					
Please return all corresp	ondence concerning this ma	tter to the following:					
H	lelen M. Wade						
		Name of Contact Person	n				
_		Firm/ Company					
2	6200 Pitts Rd						
E	ustis, FL 32736	Address					
-		City/ State and Zip Cod	e				
h	helen.helenwade@gmail.com						
_	E-mail address: (to be us	ed for future annual report	notification)				
For further information	concerning this matter, pleas	se call:					
April Bogert		at (	898-7210				
Name of	Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Dep.	artment of State:				
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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					

Fax: (850) 617-6380

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Articles of Amendment to Articles of Incorporation

HELEN WADE INSURANCE AGENC	Y, INC		
(Name	of Corporation as curren	tly filed with the Florida Dept. o	f State)
P00000052373			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adop	its the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
3209 PROPERTIES, INC.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation nam	the abbreviation "Corp.,"
B. Enter new principal office address,		26200 Pitts Rd	
(Principal office address MUST BE A S		Eustis, FL 32736	
			7
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		26200 Pius Rd	R I
		Eustis, FL 32736	SSIE.
			E. ST
D. If amending the registered agent an new registered agent and/or the ne			of the
Name of New Registered Agent		_	
Name of New Negwierea Agem	26200 Pitts Rd		
		treet address)	
	Eustis.	reer auth essy	32736
New Registered Office Address:		, F	lorida(Zip Code)
		(City)	(zip code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligations of	f the position.
	Signature of New .	Registered Agent, if changing	<u></u>
	· ·		
Check if applicable  ☐ The amendment(s) is/are being filed p	oursuant to s. 607,0120 (11)	) (e), F.S.	

From: April Bogert

Example:

Fax: 17278987210

Fax: (850) 617-6380

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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:

To:

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.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add			<del></del>	
Remove				

F	A:1	Bogert	
From:	AOIL	HOCEIL	

Fax: 17278987210

To:

Fax: (850) 617-6380

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)							
//A		•	, ,				
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				•	<del>-</del>	-	
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lf an ame	ndment provid	<u>les for an exch</u>	ange, reclassif	<u>ication, or can</u>	cellation of iss	ued shares,	
<u>provisio</u>	ns for impleme ot applicable, in	nting the ame	<u>adment if not o</u>	contained in th	ne amendment	<u>itself:</u>	
(η //i /A	п арупсаоле, т	acare (vzi)					
							<u></u>
							·
				•••		<u></u>	<del> </del>
		·		· <u>-</u>			

From: April Bogert	Fax: 17278987210	To:	(((H22000	Fax: (850) 617-6380 093477 3)))	Page: 7 of 7	03/11/2022 5:03 PM
	ach amendment(s) add ment was signed. 03/08.					, if other than the
Effective date	e <u>if applicable</u> :		(no more the	an 90 days after amendment fil	e date)	
	date inserted in this blo			pplicable statutory filing requireds.	rements, this date w	vill not be listed as the
Adoption of a	Amendment(s)	(CHE	CK ONE)			
	lment(s) was/were adop not required.	ted by the ir	icorporators	s, or board of directors without s	shareholder action a	nd shareholder
	lment(s) was/were adop reholders was/were suf			The number of votes cast for t	he amendment(s)	
				s through voting groups. The ford to vote separately on the ame		
"The	number of votes cast for	or the ameno	lment(s) was	s/were sufficient for approval		
by _		(votin				
		(votin	g group)			
	Dated	<del></del>				
	Signature	Hele	n M.	Wade		
	selected,	by an incorp	ent or other porator – if i by that fiduc	officer – if directors or officers in the hands of a receiver, truste iary)	have not been ee, or other court	
	1	lelen M. Wa	ıde			
	_	(T	yped or prin	ited name of person signing)	_	<del></del>

(Title of person signing)

President