## P0000065734

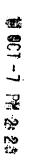
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: HARVEY Insurance Agency Inc
DOCUMENT NUMBER: 200000065734
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LARRY HARVEY Name of Contact Person
HARVEY Insurance Agency Inc  Firm/Company
Firm/Company
PO Box 1854
Interlachen F/ 32148
LARRY Narvey @ HAWRYINS. COM.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (386) 684-4749  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status  Certificate of Status (Additional copy is enclosed)  □\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment 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 .	The second secon
Plaevey Insum	PANCE Agency,	Inc or,
(Name of Corporation as cu	rrently filed with the Florida <b>D</b>	Dept. of State)
P000000 657	734	
(Document N	umber of Corporation (if known	
presure to the provisions of section 607.10 nendment(s) to its Articles of Incorporation		ida Profit Corporation adopts the follow
. If amending name, enter the new name	of the corporation:	
		The new
me must contain the word "chartered," "p  Enter new principal office address, if a	rofessional association," or the oplicable:	e abbreviation "P.A."
me must contain the word "chartered," "p  Enter new principal office address, if a  rincipal office address <u>MUST BE A STRE</u>	rofessional association," or the oplicable: EET ADDRESS )	or Co . A projessional corporation e abbreviation "P.A."
Enter new principal office address, if a principal office address if a policab (Mailing address MAY BE A POST OF I	rofessional association," or the oplicable: EET ADDRESS )  le: FICE BOX)  r registered office address in F	e abbreviation "P.A."
Enter new principal office address, if apprincipal office address MUST BE A STREET IN THE PRINCIPAL OFFICE ADDRESS MUST BE A STREET IN THE PRINCIPAL OFFICE ADDRESS MAY BE A POST OFFICE IN THE PRINCIPAL OFFICE ADDRESS MAY BE A POST OFFICE IN THE PRINCIPAL OFFICE ADDRESS MAY BE A POST OFFICE IN THE PRINCIPAL OFFICE ADDRESS MAY BE A POST OFFICE IN THE PRINCIPAL OF	rofessional association," or the oplicable: EET ADDRESS )  le: FICE BOX)  r registered office address in F	e abbreviation "P.A."
If amending the registered agent and/or new registered agent and/or the new re	rofessional association," or the oplicable: EET ADDRESS )  le: FICE BOX)  r registered office address in F	Clorida, enter the name of the
Enter new principal office address, if aprincipal office address MUST BE A STRE  Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)  If amending the registered agent and/or new registered agent and/or the new research.	rofessional association," or the oplicable: EET ADDRESS )  le: FICE BOX  registered office address in Figistered office address:	Clorida, enter the name of the

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: (Attack additional sheets, if necessary) Title Name Address Type of Action S Lynda R Haevey /// Sasso dr Add Remove 32148 S LAURA R Haevey /// Sasso dr Add Remove 32148 VP/Teves John C Mikell 4096 Silver lake dr Add Palathu Pl 32148 E. If amending or adding additional Articles, enter change(s) here: (attack additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued sl provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
	(y nor approache, maleale 1771)	
	·	

The date of each amendment(s) :	adoption:
	(date of adoption is required)
Effective date if applicable:	· ·····
(no	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
-	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	ting group)
(vo	ting group)
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder
, Dated/0_/	3/2011
Signature	Ala-7
	rector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court diduction by that fiduction of the fiduction of t
арропи	
	LARRY NARVEY
<del></del>	(Typed or printed name of person signing)
	,) / /
	fresident
_	(Title of person signing)