

P000000104084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

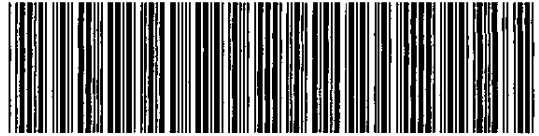
(Business Entity Name)

(Document Number)

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09/25/09--01041--002 \*\*35.00

*Amend/NC*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 16 PM 5:02

FILED

2009 OCT 16 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2009

SAMUEL B. ROGERS, JR.  
ROGERS, GUNTER, VAUGHN INSURANCE, INC.  
1117 THOMASVILLE RD  
TALLAHASSEE, FL 32303

SUBJECT: FMB INSURANCE SERVICES, INC.  
Ref. Number: P00000104084

*Laurie  
see change  
+refile*

We have received your document for FMB INSURANCE SERVICES, 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):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 209A00031768

RECEIVED  
OCT 16 9 16 AM  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FMB Insurance Services, Inc.

DOCUMENT NUMBER: P00000104084

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

Please return all correspondence concerning this matter to the following:

Samuel B. Rogers, Jr.

Name of Contact Person

Rogers, Gunter, Vaughn Insurance, Inc.

Firm/ Company

1117 Thomasville Rd.

Address

Tallahassee, Fl. 32303

City/ State and Zip Code

srogers@rgvi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Rogers

Name of Contact Person

at (850) 386-1111

Area Code & Daytime Telephone Number

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

☒ \$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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

Articles of Amendment  
to  
Articles of Incorporation  
of

Fmb Insurance Services, Inc

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

P00000104084

(Document Number of Corporation (if known))

FILED  
09 OCT 16 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SBR 10/16/09

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation: Joint Venture

~~RGVI Bank Insurance Services, Inc.~~

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1117 Thomasville Rd.

Tallahassee, Fl. 32303

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 12099

Tallahassee, Fl. 32317

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:

Samuel B Rogers, Jr.

New Registered Office Address:

1117 Thomasville Rd.

(Florida street address)

Tallahassee, Florida 32303

(City)

(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

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director (D)	Wilson F. Carraway III	1313 E. Jackson ST Thomasville, GA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Director Vice (DV)	Wilson F. Carraway Jr.	200 E Washington ST Monticello, FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Director President (DP)	Michael P. Sims	200 E Washington ST Monticello, FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

*\* please additional pages \**  
*(1 of 3 pgs)*

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO Director President (DP)	Jonathan D. Wood	2780 McFarlane CT Tallahassee, FL 32313	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Samuel B. Rogers, Jr.	1741 Marston PL Tallahassee, FL 32308	<input checked="" type="checkbox"/> Add (Change of Title) <input type="checkbox"/> Remove
Director Secretary (DS)	Bart Gunter	3449 Mahoney Dr. Tallahassee, FL 32311	<input checked="" type="checkbox"/> Add (Change of Title) <input type="checkbox"/> Remove

\* please see additional pages  
 (2 of 3 pgs)

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
 (if not applicable, indicate N/A)

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director (D)	G. Kevin Vaughn	9005 Glen Eagle Way Tallahassee, FL 32315	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Director (D)	William D. Gunter, Jr.	1117 Savannah Trace Tallahassee, FL 32312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Director (D)	Samuel B. Rapp, Sr.	3710 Galway Dr. Tallahassee, FL 32310	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

(pg 3 of 3)

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 9/30/09  
Effective date if applicable: 9/30/09 (date of adoption is required)  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9/10/09  
Signature [Signature]  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Samuel B. Rogers, Jr.  
(Typed or printed name of person signing)

Director / President  
(Title of person signing)