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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ROBERT D. ROYSTON, JR., P.A.

Account Number : I20150000047 Phone : (239)205-2225

Fax Number : (239)205-2016

Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please.

Email Address: ____royston@rroystonlaw.com

REGISTERED AGENT CHANGE JOHNSON MACHINERY & TRUCK SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	rovisions of sections 607.0502, 617.0502, 60 age is submitted for a corporation organized to change its registered office or registered o	under the laws of the State of Flor	ida
	ne corporation: Johnson Machinery & Truck St		iua.
2. The principal	office address: 5790 Country Lakes Dr., Fort M	yers, FL 33905	
	ddress (if different):		
4. Date of incorp	oration/qualification: 08/09/2001	Document number: P010000782	75
	street address of the current registered agent ment of State: (If resigned, enter resigned)	and registered office on file with t	he
	Robert D. Royston, Jr., P.A.		
	121 Carissa Commerce Court, Suite 102		202 - Si
	Fort Myers, FL 33966		0 AP
6. The name and (if changed):	street address of the new registered agent (if		R 21 AH
	12140 Carissa Commerce Court, Suite 102		
	Fort Myers, FL 33966	acceptable	4,
-	ss of its registered office and the street addressed in the street addressed i		
Such change wa authorized by the	s authorized by resolution duly adopted by i e board, or the corporation has been notified	is board of directors or by an off tin writing of the change.	icer so
Commence.	(or an onicer or director	ndell T. When y, President Printed or typed name and fille	
I hereby accept to I further agree to of my duties, and	the appointment as registered agent and agree of an agent and agree of all statutes in a familiar with and accept the obligation of all statutes in a familiar with and accept the obligation of the desired of the change in the region of this change.	ree to act in this capacity, relative to the proper and comple on of my position as registered as	ent. Or. it this
/_		4/10/200	
If signing on bel	aut of Registered Agent	'/ /Date	
Robert D. Roysto	n, Jr.		
3,	ped or Printed Name		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE, MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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 : STOLZENBERG, GELLES & FLYNN, LLP

Account Number : I20100000018 Phone : (305)961-1450 Fax Number : (305)423-3979

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

Email Address: gwasserman@wexlerinsurance.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
WEXLER INSURANCE AGENCY INC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$52.50

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April 21, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

WEXLER INSURANCE AGENCY INC 1120 PONCE DE LEON BLVD CORAL GABLES, FL 33134US

SUBJECT: WEXLER INSURANCE AGENCY INC

REF: 334855

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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.

Terri J Schroeder Regulatory Specialist III FAX Aud. #: H20000115065 Letter Number: 820A00008249

AMENDED AND RESTATED ARTICLES OF INCORPORATION OF WEXLER INSURANCE AGENCY, INC. (Document No. 334855)

In compliance with Chapter 607 of the Florida Statutes, Wexler Insurance Agency, Inc. hereby amends and restates and its Articles of Incorporation, which are replaced in their entirety. as follows:

ARTICLE I NAME / PRINCIPAL OFFICE

The name and the principal place of business and mailing address of this Corporation shall be:

WEXLER INSURANCE AGENCY, INC.

Mailing Address: 1120 Ponce De Leon Boulevard 1120 Ponce De Leon Boulevard Coral Gables, FL 33134

Principal Office Address: Coral Gables, FL 33134

ARTICLE II NATURE OF BUSINESS

The general purpose for which this Corporation is organized is to transact any or all lawful business for which corporations may be incorporated under Chapter 607. Florida Statutes.

ARTICLE III **AUTHORIZED SHARES**

The corporation shall be authorized to create and issue fifty (50) shares of Common Stock having nominal par value

ARTICLE IV TERMS OF EXISTENCE

The term of this Corporation shall commence with the filing of these Articles of Incorporation. The Corporation shall exist perpetually unless dissolved according to law.

ARTICLE V REGISTERED OFFICE AND AGENT

The name of the registered agent, and street address of the registered office of the registered agent, are:

Greg Sochen

1120 Ponce De Leon Boulevard Coral Gables, FL 33134

ARTICLE VI BOARD OF DIRECTORS

The powers of the Corporation shall be exercised by or under the authority of, and the business and affairs of the Corporation shall be managed under the direction of, a Board of Directors, which shall have no less than two (2) directors. The number of directors may be increased or decreased (but not to less than two (2) directors) by the shareholders from time to time as provided in the Bylaws of the Corporation.

ARTICLE VII DIRECTORS-NAMES AND STREET ADDRESSES

The names and street addresses of the members of the Board of Directors who shall hold office until their successors have been duly elected or appointed and have qualified are as follows:

Name	:
------	---

Street Address:

Steven M. Wexler, Director

1120 Ponce De Leon Boulevard Coral Gables, FL 33134

Gary Wasserman, Director

1120 Ponce De Leon Boulevard Coral Gables, FL 33134

ARTICLE VIII EFFECTIVE DATE

The Effective Date of these Amended and Restated Articles of Incorporation is the date of filing.

These Amended and Restated Articles of Incorporation were adopted by unanimous consent of the shareholders of the Corporation on January 1, 2020.

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.

Dated:

April 20, 2020

Gary Wasserman, Director