

P02000053159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

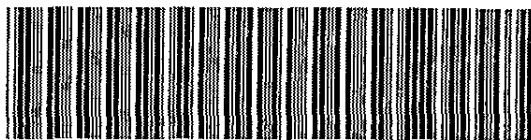
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Amend/Name
change
1a 4/30/03



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04/11/03--01017--013 **35.00

FILED
03 APR 30 PM 4:00
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIRECT DEBIT GROUP, INC.
(Name of corporation)

DOCUMENT NUMBER: P02000053159

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL A. LA MARCA
(Name of person)

BUSINESS ASSURANCE AGENCY, INC.
(Name of firm/company)

P.O. Box 380090
(Address)

MURDOCK, FL 33938-0090
(City/state and zip code)

For further information concerning this matter, please call:

MICHAEL LA MARCA at (941) 626-3591
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
03 APR 30 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 28, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Irene Albritton

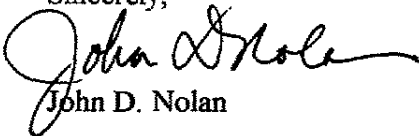
Business Assurance Agency, Inc.
1720 El Jobean Road
Suite 111
Port Charlotte, FL 33948

Attn: Irene Albritton

We received your letter returning our corporation papers for additional information. I am sorry I did not include a phone number that you could reach us at. At the time we mailed the documentation our phones had not been connected. Please note our number is (941) 613-0033. Please do not hesitate to contact us if further information is needed to complete the name and officer changes as we requested.

Thank you for your prompt attention in this matter, if further information is needed please contact us at the number provided above.

Sincerely,


John D. Nolan

FILED
03 APR 30 PM 4:00
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 18, 2003

MICHAEL A. LAMARCA
BUSINESS ASSURANCE AGENCY, INC.
P.O. BOX 380090
MURDOCK, FL 33938

SUBJECT: DIRECT DEBIT GROUP, INC.
Ref. Number: P02000053159

FILED
03 APR 30 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DIRECT DEBIT GROUP, 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 803A00023527

Phone (941) 613-0033

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

DIRECT DEBIT GROUP, INC.

(present name)

002000053159
(Document Number of Corporation (If known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE I. ~~THE~~ NAME OF THE CORPORATION SHALL
BE BUSINESS ASSURANCE AGENCY, INC.

ARTICLE II. THE PRINCIPAL PLACE OF BUSINESS/MAIN
ADDRESS SHALL BE

P.O. Box 380090
MURDOCK, FL 33938-0090

SECOND: 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, are as follows:

N/A

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03 APR 30 PM 4:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

THIRD: The date of each amendment's adoption: April 8 '2003

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.

Signed this 8 day of APRIL, 2003

Signature x M. LaMarca
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

MICHELLE L. LA MARCA
(Typed or printed name)

PRESIDENT / DIRECTOR
(Title)