

PD30000019657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

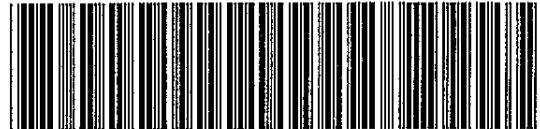
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Purpose Insurance West, Inc.
(Name of corporation)

DOCUMENT NUMBER: Pa3000019457

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Hearsey, Registered Agent
(Name of person)

All Purpose Insurance West, Inc.
(Name of firm/company)

1370 Hampstead Terrace
(Address)

Orlando, FL 32765
(City/state and zip code)

For further information concerning this matter, please call:

David Hearsey at (407) 346-4025
(Name of person) (Area code & daytime telephone number)

Enclosed is a check for the following amount:

☒ \$35.00 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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 14, 2003

DAVID HEARSEY
ALL PURPOSE INSURANCE WEST, INC.
1370 HAMPSTEAD TERRACE
OVIEDO, FL 32765

SUBJECT: ALL PURPOSE INSURANCE WEST, INC.
Ref. Number: P03000019657

We have received your document for ALL PURPOSE INSURANCE WEST, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

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) 245-6882.

Maryanne Dickey
Document Specialist

Letter Number: 003A00062062

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED

03 DEC -3 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Acc Purpose Insurance West, Inc

(Present Name)

Pa3000019657

(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 is to be deleted in its entirety and replaced with a name change of Access Insurance Services Group, Inc. as the new name of the Corporation.

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:

Any and all shares of Stock are to be withdrawn and reissued under the new name as indicated in the amended Article I without change in the amount originally distributed, if any.

THIRD: The date of each amendment's adoption: 11-01-2003

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 2nd day of November, 2003

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.)

David J. Hearn
(Typed or printed name of person signing)

Incorporator / President
(Title of person signing)

FILING FEE: \$35