

P03000020695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

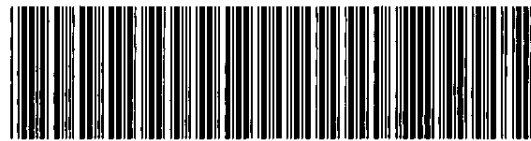
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/10/11--01063--009 \*\*43.75

W/C

Amend.

1-13-11

DC

FILED  
11 JAN 10 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



LAW OFFICES  
**BOONE, BOONE, BOONE, KODA & FROOK, P.A.**

P. O. BOX 1596  
VENICE, FLORIDA 34284

ESTABLISHED 1956

E.G. (DAN) BOONE  
JEFFERY A. BOONE  
STEPHEN K. BOONE  
JOHN S. KODA  
MARGARET (PEGGY) S. FROOK

JAMES T. COLLINS, LAND PLANNER  
(NOT A MEMBER OF THE FLORIDA BAR)

STREET ADDRESS:  
1001 AVENIDA DEL CIRCO 34285  
TELEPHONE (941) 488-6716  
FAX (941) 488-7079  
e-mail: adm@boone-law.com

January 5, 2011

Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Farr Insurance Group, Inc.  
Document #P03000020695

Dear Sir:

Enclosed please find a form for filing Articles of Amendment to amend the articles of incorporation for the above-referenced Florida Profit Corporation along with a check for \$43.75 made out to the Florida Department of State for the filing fee and Certificate of Status.

Should you have any questions, please do not hesitate to let me know.

Kind regards.

Very truly yours,

Stephen K. Boone

SKB/laf

Enclosures

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Farr Insurance Group, Inc.

DOCUMENT NUMBER: P03000020695

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

Please return all correspondence concerning this matter to the following:

Stephen K. Boone

Name of Contact Person

Boone, Boone, Boone, Koda & Froom, P.A.

Firm/ Company

P.O. Box 1596

Address

Venice, Florida 34284

City/ State and Zip Code

sboone@boone-law.com

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

For further information concerning this matter, please call:

Stephen K. Boone

Name of Contact Person

at ( 941 )

488-6716

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

Farr Insurance Group, Inc.

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

P03000020695

(Document Number of Corporation (if known))

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:**

Farr Family Holdings, 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)*

453 Bayshore Drive

Venice, FL 34285

**C. Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

453 Bayshore Drive

Venice, FL 34285

**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:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida

(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*

FILED  
11 JAN 10 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**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: January 1, 2011  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(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 January 5, 2011

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)

Latimer C. Farr, III

(Typed or printed name of person signing)

President

(Title of person signing)