

PD30000 44269

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Margie Harner Insurance Agency, Inc.

DOCUMENT NUMBER: P03000044269

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

Please return all correspondence concerning this matter to the following:

Margie Williams

Name of Contact Person

Margie Williams Insurance Agency, Inc.

Firm/ Company

4540 Southside Blvd Ste 1102

Address

Jacksonville, FL 32216

City/ State and Zip Code

Margie.HarnerWilliams.haw2@statefarm.com

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

For further information concerning this matter, please call:

Margie Williams

at (904) 296-2500

Name of Contact Person

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

2019 JAN 18 PM 4:54

FILED

Articles of Amendment
to
Articles of Incorporation
of

Margie Harner Insurance Agency, Inc.

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

P03000044269

(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:

Margie Williams Insurance Agency, 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**)

4540 Southside Blvd Ste 1102

Jacksonville, FL 32216

C. Enter new mailing address, if applicable:

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

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

Margie Williams

4540 Southside Blvd Ste 1102

(Florida street address)

New Registered Office Address:

Jacksonville

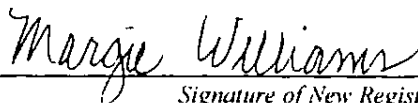
(City)

Florida 32216

(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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Margie Williams</u>	<u>4540 Southside Blvd Ste 1102</u>
<input type="checkbox"/> Add			<u>Jacksonville, FL 32216</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<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)

Article I. Name The name of the corporation shall be: Margie Williams Insurance Agency, Inc.

Article II. Its principal place of business and mailing address shall be: 4540 Southside Blvd Ste 1102, Jacksonville, FL 32216

Article VI. Incorporator: The name and address of the incorporator to these articles of incorporation are: Margie Williams

4540 Southside Blvd Ste 1102, Jacksonville, FL 32216

Article VII. Officers and Directors are: President, Margie Williams, 4540 Southside Blvd Ste 1102, Jacksonville, FL 32216

Article X: Amendments The corporation is altered as of 1-1-2019 due to the marriage of Margie Harner who is now

Margie Williams.

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)

All Shares are now in the name of Margie Williams instead of Margie Harner

FILED
2019 JAN 13 PM 9:56
CLERK OF COURT
JACKSONVILLE, FL

January 14, 2019

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

January 14, 2019

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

January 14, 2019
Dated _____

Signature Margie Williams
(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)

Margie Williams

(Typed or printed name of person signing)

President

(Title of person signing)

2019 JAN 18 10 09 AM

FILED

Department of Health • Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

1785658

2018ML1785658

(APPLICATION NUMBER)

(STATE FILE NUMBER)
I HEREBY CERTIFY THAT THIS DOCUMENT
IS A TRUE AND CORRECT COPY AS APPEARS
ON RECORD IN ST. JOHNS COUNTY, FLORIDA
WITNESS MY HAND AND OFFICIAL SEAL
THIS 6th DAY OF November 2018
CLERK OF THE CIRCUIT COURT AND COMPTROLLER

BY: B Murray

D.C.



APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) GARY ALLEN WILLIAMS		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) 06/16/1960
3a. RESIDENCE - CITY, TOWN, OR LOCATION ST AUGUSTINE	3b. COUNTY ST JOHNS	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) NEW MEXICO
5a. NAME OF SPOUSE (First, Middle, Last) MARGARET GWEN HARNER		5b. MAIDEN SURNAME (if applicable) MCDERMOTT	6. DATE OF BIRTH (Month, Day, Year) 03/30/1960
7a. RESIDENCE - CITY, TOWN, OR LOCATION ST JOHNS	7b. COUNTY ST JOHNS	7c. STATE FLORIDA	8. Birthplace (State or Foreign Country) ILLINOIS



9. SIGNATURE OF SPOUSE (sign full name using black ink) <u>Gary Allen Williams</u>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/11/2018
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <u>Jessica Raylind</u> D.C.
13. SIGNATURE OF SPOUSE (sign full name using black ink) <u>Margaret Gwen Harner</u>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/11/2018
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <u>Jessica Raylind</u> D.C.

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM
A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMPNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST
BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE ST. JOHNS	18. DATE LICENSE ISSUED 10/11/2018	18a. DATE LICENSE EFFECTIVE 10/11/2018	19. EXPIRATION DATE 12/10/2018
20a. SIGNATURE OF COURT CLERK OR JUDGE <u>Jessica Raylind</u>		20b. TITLE CLERK OF THE COURT	20c. BY D.C. JR

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 10/27/18	22. CITY, TOWN, OR LOCATION OF MARRIAGE St. Augustine, FL
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <u>Pastor Jeffrey McDuffie</u>	23b. ADDRESS (for person performing ceremony) 9555 R.G. Skinner Parkway Jacksonville, FL 32256
24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>Nicole Williams</u>	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED