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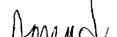
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04 MAY 21 MM 9: 30

SECRETARY OF STATE

ALLAHASSEE, FI TATE



TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HILL INSURANCE AGENCY, INC.
DOCUMENT NUMBER: PO 30000 8 / 860
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOHN D. NOLAN (Name of Person)
(Name of Firm/ Company)
1700 EL JOBEAN READ SUM 202
PORT CHARLOTTE FL 33945 (City/State/and Zip/Code)
For further information concerning this matter, please call:
To HN NOLAN at (941) 1013.0033 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee Scrifficate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Status Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

	Articles of Amendment
	Articles of Amendment to Articles of Incorporation
	of of
	HILL INSURANCE AGENCY, INC. CORB
	(Name of corporation as currently filed with the Florida Dept. of State)
	P0300081860
	(Document number of corporation (if known)
	to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation following amendment(s) to its Articles of Incorporation:
NEW CO	PRPORATE NAME (if changing):
TON CO	ALL OTOTALE (A CHARLEMENT
(must con	tain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
AMENDI	MENTS ADOPTED - (OTHER THAN NAME CHANGE) Indicate Article Number(s)
	ticle Title(s) being amended, added or deleted: (BE SPECIFIC)
1/.	OFFICERS DIRECTORS
	,
DO ~7	TOHN D. NOLAN PRESIDENT DIRECTOR
ð	988 ROYAL PALM DRIVE, NORTH PORT, FL 34288
	TICHELLE L. LAMARCA, VP, S, T, DIRECTOR
<u> </u>	358 CHILCOTE TERRACE, PORT CHARLOTTE, FL 31981
a ///	ICHABLA. LAMARCA, VP
	858 CHILCORE TERRICE, PORT CHARLOTTE, FL 37981
ELEYE	DIVID A. HILL, P.O.BOX 380090, MURSOCK, FL 33938
	(Attach additional pages if necessary)
	ndment provides for exchange, reclassification, or cancellation of issued shares, provisions
for implen	nenting the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 12/02/03
Effective date if applicable: /2/02/03 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
Signed this 1944 day of May, 2004.
Signature Ook Molector. (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 count appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35