## P030000860018

| •   |
|---|
| (Requestor's Name)                              |
| (Address)                                       |
| (Address)                                       |
| (City/State/Zip/Phone #)                        |
| PICK-UP WAIT MAIL                               |
| (Business Entity Name)                          |
|   |
| (Document Number)* 14.7                         |
| Certified Copies Certificates of Status e anti- |
| Special Instructions to Filing Officer:         |
| ,   |
|   |
|   |
|   |
|   |

Office Use Only



700160871767

09/28/09--01010--023 \*\*52.50

FILED STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 SEP 28 PM 1:53

EFFECTIVE DATE

Amend/ccs 109/30/09

## COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO  | PRATION:                                   | Singletary Insurance Agency Inc  |                  |
|--|--|--|------------------|
| DOCUMENT NUMBER:   |  | P03000086018   |                  |
| The enclosed Article   | s of Amendment and fee a                   | are submitted for filing.  |                  |
| Please return all corr   | espondence concerning th                   | is matter to the following:  |                  |
| _  |  | David W. Singletary  |                  |
|  | 1  | Name of Contact Person   |                  |
| s  |  | ary Insurance Agency Inc   |                  |
|  |  | Firm/ Company  |                  |
|  |  | 579 Bee Ridge Rd   | <u></u>          |
|  |  | Address  |                  |
| S  |  | rasota, Florida 34233  |                  |
|  |  | City/ State and Zip Code   |                  |
| <del></del>  | E-mail address: (to be use                 | tary@allstate.com ed for future annual report notification)                |                  |
| For further informati  | on concerning this matter,                 | please call:   |                  |
| Davi   | d W Singletary                             | at ( 941 ) 3  Area Code & Daytime Te                                       | 377-1806         |
| Name of Contact Person   |  | Area Code & Daytime Te   | lephone Number   |
| Enclosed is a check f  | or the following amount r                  | nade payable to the Florida Depar  | rtment of State: |
| □ \$35 Filing Fee  | \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)          |                  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 |  | Street Address Amendment Section Division of Corporations Clifton Building |                  |

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## DC+ 1, 2009

| Singletary Ins   | urance Agency In                                      | C                            |                              |
|--|---|------------------------------|------------------------------|
| (Name of Corporation as curren   | tly filed with the Florid                             | la Dept. of State)           |                              |
| P030   |   |                              |                              |
| (Document Numb   | per of Corporation (if kno                            | own)                         |                              |
| Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:   | Florida Statutes, this F                              | Iorida Profit Corporation a  | lopts the following          |
| A. If amending name, enter the new name of   | the corporation:                                      |                              |                              |
|  |   |                              | The new                      |
| name must be distinguishable and contain'th abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe   | lesignation "Corp," "Inc<br>essional association," or | c," or "Co". A professiona   | ited" or the<br>!corporation |
| B. Enter new principal office address, if appli (Principal office address MUST BE A STREET   |   |                              |                              |
| C. Enter new mailing address, if applicable:  (Mailing address MAY-BE A-POST-OFFIC)  D. If amending the registered agent and/or renew registered agent and/or the new registered Agent:  Name of New Registered Agent: | gistered office address i                             | in Florida, enter the name o | OP SEP 28 PH 1: 53           |
|  |   |                              |                              |
| New Registered Office Address:   | (Florida street e                                     | address)                     |                              |
|  |   | , Florida                    |                              |
| <del></del>  | (City)  | (Zip Code)                   |                              |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agentials.   |   |                              | the position.                |

| <u>Title</u>  | <u>Name</u>                            | Address   | Type of Action    |
|---------------|--|---|-------------------|
| VP            | Carmen A. Singletary                   | 7807 Mathern Ct<br>Bradenton, FI 34202          |                   |
| <u>VP</u>     | Carlos G. Rodriguez                    | 11911 Sandy Hill Ct<br>Fredericksburg, VA 22553 | ☑ Add<br>□ Remove |
| <del></del> - |  |   | Add<br>  Remove   |
|               | dditional sheets, if necessary). (Be s | enter change(s) here: specific)                 |                   |
| (under a      |  |   |                   |
| F. If an an   |  | reclassification, or cancellation of            |                   |
| F. If an ai   | mendment provides for an exchange      | reclassification, or cancellation of            |                   |

| The date of each amendment   | (s) adoption: <u>09</u>   8   2009   |
|--|--|
| Effective date if applicable:  | (date of adoption is required)   |
| Effective date in appreciate.  | (no more than 90 days after amendment file date)   |
|  |  |
| Adoption of Amendment(s)   | (CHECK ONE)  |
| The amendment(s) was/we by the shareholders was/we   | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.   |
|  | re approved by the shareholders through voting groups. The following statemen d 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   | ,,,  |
| A STATE OF THE STA | (voting group)   |
| The amendment(s) was/we action was not required.   | re adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/we action was not required.   | re adopted by the incorporators without shareholder action and shareholder   |
| Dated_09/1   | 8/2009   |
| sele   | a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
|  | David W. Singletary  |
|  | (Typed or printed name of person signing)  |
|  | President  |
|  | (Title of person signing)  |