

PO 3000088248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

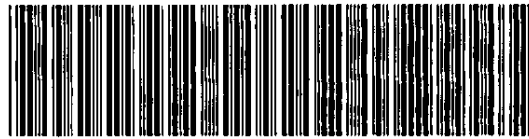
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900183420239

08/04/10--01006--003 **35.00

FILED
10 AUG -4 PM 3:19
CLERK OF STATE
1000 MARKET ST. 1000
PHILADELPHIA PA 19102

M/C
8/6/10
DC

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

JULY 30, 2010

REGARDING:

ENCLOSED ARTICLES OF AMENDMENT.
And
ARTICLES OF INCORPORATION

Time Insurance Agency Inc wishes to change corporate name to
TIME INSURANCE GROUP INC (amendment)

After the release of the name Time Insurance Agency Inc, James R Kubek
wishes to form a new corporation with the name TIME INSURANCE AGENCY INC.

Please find enclosed checks to Department of State;

\$35.00 for amendment

\$78.75 for new articles of incorporation

If you have any questions, please call James E Stevens EA @ 941-457-6790 or
James R Kubek @ 941-637-7500

Thank You


James E Stevens EA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TIME INSURANCE AGENCY INC

DOCUMENT NUMBER: P03000088248

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

Please return all correspondence concerning this matter to the following:

ROBERT L GOMES

Name of Contact Person

TIME INSURANCE AGENCY INC

Firm/ Company

115 W OLYMPIA AVE

Address

PUNTA GORDA FL 33950

City/ State and Zip Code

jimstevens@embargmail.com

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

For further information concerning this matter, please call:

JAMES E STEVENS EA

Name of Contact Person

at (941)

457-6790

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

TIME INSURANCE AGENCY INC.

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

P03000088248

(Document Number of Corporation (if known))

FILED
10 AUG -4 PM 3:19
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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:

TIME INSURANCE GROUP 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)

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:

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

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)

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)

The date of each amendment(s) adoption: JULY 30, 2010
(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):*

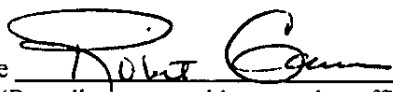
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 JULY 30, 2010

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)

ROBERT GOMES
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)