

PO4000028657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

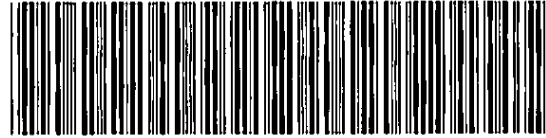
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500357723545

2021 JAN 11 AM 9:16
CLERK OF STATE
TALLAHASSEE, FL

2021 JAN 11 PM 2:10
CLERK OF STATE
TALLAHASSEE, FL

X

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 600169 4300314

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 35.00

ORDER DATE : January 7, 2021

ORDER TIME : 9:29 AM

ORDER NO. : 600169-005

CUSTOMER NO: 4300314

DOMESTIC AMENDMENT FILING

NAME: J.W. EDENS & COMPANY
COMMERCIAL INSURANCE OF
BREVARD, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2021

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: J.W. EDENS & COMPANY COMMERCIAL INSURANCE OF
BREVARD, INC.
Ref. Number: P04000028657

We have received your document for J.W. EDENS & COMPANY COMMERCIAL INSURANCE OF BREVARD, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The form you submitted is Florida Profit Benefit Corporation form. You need to submit Amendment form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 821A00000638

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: J.W. Edens + Company, Commercial Insurance of
DOCUMENT NUMBER: P04000028657 Brevard, Inc

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

Please return all correspondence concerning this matter to the following:

James Wayne Edens
Name of Contact Person

J.W. Edens + Company, Commercial Insurance of
Firm/ Company Brevard, Inc
325 5th Ave, Ste 108
Address

Indianapolis FL 32903
City/ State and Zip Code

jwedens@wedens.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Wayne Edens at (321) 3834554
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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

J.W. Edens + Company, Commercial Insurance of
(Name of Corporation as currently filed with the Florida Dept. of State) Brevard, Inc.
P04000028657
(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:

JWE + SMS, 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

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

2021 JUN 16 AM 9:16

FILED

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

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 _____, if other than the date this document was signed.

December 31, 2020

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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)

Dated December 31, 2020

Signature James Wayne Edens
(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)

James Wayne Edens
(Typed or printed name of person signing)

President
(Title of person signing)