

	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
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	(Business Entity Name)	
	(Dusiness Entity Name)	
	(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	RATION: CARRON INSUR	ANCE AGENCY INC			
DOCUMENT NUM	P04000115688			_	
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this man	ter to the following:			
	LOUIS J CARRON JR				
		Name of Contact Person	l		
	CARRON INSURANCE AC	ENCY INC			
		Firm/ Company			
	8331 GUNN HIGHWAY				
		Address			
	TAMPA, FL 33626				
		City/ State and Zip Cod			
loui	s@carroninsurance.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
LOUIS J CARRON	JR	at (<u>813</u>	926-0512		
Name	of Contact Person	Area Co	de & Daytime Telephone	Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		101
<u>M:</u>	ailing Address	Street	Address	T : :	નિ

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Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation

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THED

(Name of Corpora	ation as currently filed with the Florida Dept. of State)
204000115688	SCHOOL STATE OF STATE
(Doc	nument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flor ts Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the	corporation:
	The new
	word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. <u>Enter new principal office address,</u> if applical Principal office address <u>MUST BE A STREET AI</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)
D. If amending the registered agent and/or regist new registered agent and/or the new registered	stered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing R	Registered Agent:
	t. I am familiar with and accept the obligations of the position.
	ignature 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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	S	JOSEPH MILLS	8331 GUNN HIGHWAY
X Add			TAMPA, FL 33626
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
		 			
					
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If an amendment provides for an exch	innas vaalassilla	ntian ay anna	allation of iceus	od charac	
provisions for implementing the ame	ndment if not co	ntained in the	amendment its	self:	
(if not applicable, indicate N/A)					

The date of each amendment(s) adoption: date this document was signed.		, if other than th
07/28/2015		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this t of State's records.	date will not be listed as th
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendmen for approval.	ıt(s)
	y the shareholders through voting groups. The following states ting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval	
by	(voting group)	
((voting group)	
action was not required.	the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder	.der
07/28/2015		
Dated	Down	
Signature (Dua diagram		
selected, by an i	president or other officer—if directors or officers have not bee incorporator—if in the hands of a receiver, trustee, or other collary by that fiduciary)	
LOUIS	J CARRON JR	
	(Typed or printed name of person signing)	
PRESID	DENT	
	(Title of person signing)	