# P070000 28150

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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#### **COVER LETTER**

Division of C			
NAME OF COR	PORATION: <u><i>DEORGE</i></u>	E FRANKLIN INST	URANCE, INC
DOCUMENT N	umber: <i>P0 7000</i>	028150	
The enclosed Arti	cles of Amendment and fee a	re submitted for filing.	
Please return all c	orrespondence concerning thi	s matter to the following:	
	Scott M	ASPOPOUICH	
	N	ame of Contact Person	
	GEORGE FRAN	IKLIN INSURANCE	INC
		Firm/ Company	•
	625 Con	MMERCE DR C	SUITE 302
		Address	<del></del>
	LAKELAND,	FLA 33813	
	Ci	ity/ State and Zip Code	
	SRASPO P GFIN E-mail address: (to be used	JETWOCK . COM  If for future annual report notification)	
	nation concerning this matter,	•	un a d
SCOTT	KASPOPOVICH	at ( <u>863</u> ) <u>682 - 4</u> Area Code & Daytime Tele	1934
Nam	e of Contact Person	Area Code & Daytime Tele	epnone Number
Enclosed is a chec	ck for the following amount m	ade payable to the Florida Depart	ment 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



September 2, 2009

SCOTT RASPOPOVICH 625 COMMERCE DR STE 302 LAKELAND, FL 33813

SUBJECT: GEORGE FRANKLIN INSURANCE, INC.

Ref. Number: P07000028150

We have received your document for GEORGE FRANKLIN INSURANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 809A00029400

PECEIVER 2009 SEP 15. AM 8: 00 SECRETARY OF STATE TALLAHASSEE FLORIDA

## Articles of Amendment to Articles of Incorporation

nf

or	
GEORGE FRANKLIN INSURANCE, INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P07000028/50	
(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:

	If amending name, enter the new name of the corporation:
abł	ne must be distinguishable and contain the word "corporation," "company," or "incorporated" or the breviation "Corp.," "Inc.," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A."
	Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS )
C.	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  SUITE 302
D.	If amending the registered agent and/or registered office address in Florida, enter the name of the
	Name of New Registered Agent:    Name of New Registered Agent:   SCOTT   PASPOPOUICH
	New Registered Office Address:    COMMERCE DR SUITE 302
<u>Nev</u> I he	(City) (Zip Code)  w Registered Agent's Signature, if changing Registered Agent:  ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

"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) Title Name
SUSAN HARRIS

SCOTT RASPOPOUICH

MATTHEW RASPORULY **Type of Action** Address 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: $8-26-69$
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/wer 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 statement 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	(voting group)
	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	8-26,09
Signature	Sull fly
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	SCOTT PASPOPOVICH
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)