## P07000068535

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Amend NC News 1-11-12

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Forsyth B	rokerage Insur	ance Services,	Inc.
DOCUMENT NUMB	ER: P07000068535	<u> </u>		-
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.		
Please return all corresp	oondence concerning this mat	ter to the following:		
	Dorrie L. Giff	in		
-		Name of Contact Person	1	
	Forsyth Brokera	ge Insurance S	ervices, Inc.	
-		Firm/ Company		
	1738 Costa Del	Sol		
-		Address		
	Boca Raton, FL	33432		
-		City/ State and Zip Code	3	<del></del>
d	giffin@fbisinc.c	rom.		
	•	ed for future annual report	notification)	-
For further information	concerning this matter, pleas	e call:		
Dorrie Giffi	.n/ Thomas Micha	aud <sub>st</sub> 561	347-3700	
Name o	f Contact Person	Area Co	de & Daytime Telephone Nu	ımber
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status enclosed)	□\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional C	☐\$52.50 Filing Fee Certificate of Status Certified Copy topy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314		Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301		

FILED

## Articles of Amendment to Articles of Incorporation

12 JAN -9 PM 3: 28

SECRETARY OF STATES

Forsyth Brokerage Insuranc	e Services,	Inc.		
(Name of Corporation as currently	filed with the Florid	la Dept. of State)		
P07000068535				
(Document Number of	of Corporation (if kno	own)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Flor</i>	ida Profit Corporation ad	lopts the following	; amendment(s) to
A. If amending name, enter the new name of the	corporation:			
Florida Brokerage Insuranc				The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp," "Inc," or "Co".	. A professional corpora	orated" or the ab tion name must c	breviation contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	ole: ODRESS)			
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> 10X</u> )			
	· _			,
D. If amending the registered agent and/or registered new registered agent and/or the new registere	tered office address ed office address;	in Florida, enter the nan	ne of the	
Name of New Registered Agent				
<del></del>	(Florida street a	ddress)		
New Registered Office Address:		, Florida_		•
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.	. I am familiar with		s of the position.	
Signature of A	New Registered Agen	t, 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 Doe		
X Remove	¥	Mike Jones		
_X Add	<u>\$</u> V	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change X Add Remove		Thomas J. Michaud	1738 Costa Del Sol Boca Raton, FL 33432	
2) Change Add Remove		·		
3 ) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove	<del></del>			

attach additi	or adding additional Art onal sheets, if necessary).	(Be specific)			
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If an amend	ment provides for an excl	hange, reclassifica	tion, or cancellatio	n of issued shares.	
provisions	for implementing the ame	endment if not cor	tained in the amer	idment itself:	
(if not a	pplicable, indicate N/A)				
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			<del>_</del>	<del></del>	
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The date of each amendment(s) adop	ofton: January of, 2012
Effective date if applicable: Ja	nuary 01, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement ch 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/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder
Dated Januar	ry 01, 2012
Signature DO	nie Wippin
	ctor, president or other officer - if directors or officers have not been by an incorporator - if in the bands of a receiver, trustee, or other court
•	by an incorporator - If in the hands of a receiver, trustee, or other count
	Dorrie L Giffin
	(Typed or printed name of person signing)
_	President
	(Title of person signing)