

PO7000123975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

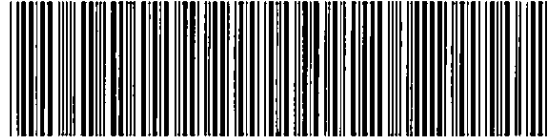
(Business Entity Name)

(Document Number)

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01/22/24--01025--018 **43.75

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2024 JAN 22 PM 2:31

FILE

AD

mikemartininsurance@gmail.com

From: mikemartininsurance@gmail.com
Sent: Monday, January 15, 2024 2:14 PM
To: AmendmentsCorpHelp@DOS.MyFlorida.com
Subject: P07000123975
Attachments: Mike Martin Agency inc.pdf; 01 15 2024 P07000123975 Amendment to Corporate Name.pdf

Importance: High

P07000123975

I am emailing because in December I submitted a name change correction to the Department of State that has not yet processed. So, I am hoping that this request can be the only one that processes (to avoid further duplication and confusion)

After submitting the original change to State Farm – they replied and requested I submit a corrected name change (the 2nd one) because the word Insurance needs to be in my corporate name. So, please only process this one.

Just to be sure I submitted a second check for your services... but the name change desired is:

- Michael Martin Insurance Agency, Inc.

Sincerely,



Mike Martin
State Farm Agent
425 Cross St Ste 114 (Tamiami Trail)
Punta Gorda, FL 33950
B 941-505-2550
F 941-203-6567

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MICHAEL MARTIN INSURANCE AGENCY INC

DOCUMENT NUMBER: P07000123975

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

Please return all correspondence concerning this matter to the following:

Michael Martin

Name of Contact Person

Mike Martin State Farm (legally known going forward as above)

Firm/ Company

425 Cross St. Ste. 114

Address

Punta Gorda FL 33950

City/ State and Zip Code

mikemartininsurance@gmail.com

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

For further information concerning this matter, please call:

Mike Martin

at (941) 505-2550

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:

☐ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

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

MIKE MARTIN AGENCY INC

(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:

Michael Martin Insurance Agency, 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)

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.

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u>	_____	_____	_____
<u>Add</u>			_____
<u>Remove</u>			_____
2) <u>Change</u>	_____	_____	_____
<u>Add</u>			_____
<u>Remove</u>			_____
3) <u>Change</u>	_____	_____	_____
<u>Add</u>			_____
<u>Remove</u>			_____
4) <u>Change</u>	_____	_____	_____
<u>Add</u>			_____
<u>Remove</u>			_____
5) <u>Change</u>	_____	_____	_____
<u>Add</u>			_____
<u>Remove</u>			_____
6) <u>Change</u>	_____	_____	_____
<u>Add</u>			_____
<u>Remove</u>			_____

F. 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)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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.

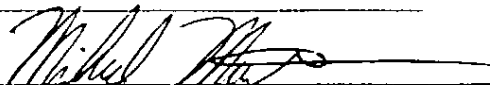
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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)

01/15/2024
Dated _____

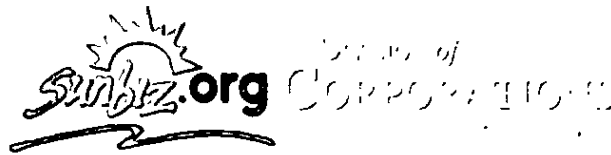
Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Michael Martin

(Typed or printed name of person signing)

President

(Title of person signing)



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Detail by Entity Name

Florida Profit Corporation
MIKE MARTIN AGENCY INC

Filing Information

Document Number	P07000123975
FEI/EIN Number	26-1428258
Date Filed	11/15/2007
Effective Date	11/15/2007
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	10/04/2010
Event Effective Date	NONE

Principal Address

425 CROSS STREET
SUITE 114
PUNTA GORDA, FL 33950

Changed: 06/30/2010

Mailing Address

425 CROSS STREET
SUITE 114
PUNTA GORDA, FL 33950

Changed: 01/06/2012

Registered Agent Name & Address

MARTIN, MICHAEL J
425 CROSS ST STE 114
PUNTA GORDA, FL 33950

Name Changed: 01/24/2023

Address Changed: 02/21/2011

Officer/Director Detail

Name & Address

Title PVTs

MARTIN, MICHAEL J
 425 CROSS ST STE 114
 PUNTA GORDA, FL 33950

Annual Reports

Report Year	Filed Date
2022	01/25/2022
2023	01/24/2023
2024	01/07/2024

Document Images

<u>01/07/2024 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/24/2023 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/25/2022 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/28/2021 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/16/2020 -- ANNUAL REPORT</u>	View image in PDF format
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<u>01/06/2012 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/21/2011 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/14/2011 -- Off-Dtr Resignation</u>	View image in PDF format
<u>10/04/2010 -- Amendment</u>	View image in PDF format
<u>01/20/2010 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/23/2009 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/23/2008 -- ANNUAL REPORT</u>	View image in PDF format
<u>11/15/2007 -- Domestic Prof:</u>	View image in PDF format

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