

P07000133648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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02/25/15--01009--013 **35.00

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15 MAR -6 PM 4:39
CLERK OF SUPERIOR COURT
JANUARY 15, 2015

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3-6-15

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2015

CRAIG A. BARBEE
SOUTHERN CAPITAL INSURANCE COMPANY
721 ASHLEY DRIVE
CRESTVIEW, FL 32536

SUBJECT: SOUTHERN CAPITAL INSURANCE COMPANY
Ref. Number: P07000133648

We have received your document for SOUTHERN CAPITAL INSURANCE COMPANY 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 document must have original signatures.

You failed to sign the form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 415A00004085

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Southern Capital Insurance Company

DOCUMENT NUMBER: P07000133648

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

Please return all correspondence concerning this matter to the following:

Craig A Barbee

Name of Contact Person

Barbee Jackson Insurance Inc

Firm/ Company

721 Ashley Drive

Address

Crestview, FL 32536

City/ State and Zip Code

barbeec2@barbeejackson.com

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

For further information concerning this matter, please call:

Craig A Barbee

Name of Contact Person

at (850)

389-2001

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Southern Capital Insurance Company

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

P07000133648

(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:

Barbee Jackson Insurance Company

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**)

**721 Ashely Drive
Crestview, FL 32536**

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

**721 Ashley Drive
Crestview, FL 32536**

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: _____, Florida _____
(City) (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

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DEPARTMENT OF STATE

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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	VP	Karl L Barbee	22322 Lakeside Drive
<input type="checkbox"/> Add			Panama City, FL 32413
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VP	Kerry E Barbee	425 Ridge Lake Road
<input type="checkbox"/> Add			Crestview, FL 32536
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	V	Krystal R Jackson	1227 Walter Avenue
<input checked="" type="checkbox"/> Add			Crestview, FL 32536
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	V	Caleb T Jackson	1227 Walter Avenue
<input checked="" type="checkbox"/> Add			Crestview, FL 32536
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	S	Susan Eichorst	425 John King Road
<input checked="" type="checkbox"/> Add			Crestview, FL 32539
<input type="checkbox"/> Remove			

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: 02/26/2015, if other than the date this document was signed.

Effective date if applicable: 02/26/2015
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 03/06/2015

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)

Craig A Barbee

(Typed or printed name of person signing)

CEO

(Title of person signing)