

2/11/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

PO8000014342

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000048103 3))



H200000481033ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : COURT ACCESS CENTERS OF AMERICA
Account Number : 075350000541
Phone : (813)875-1333
Fax Number : (813)200-1050

20 FEB 12 AM 9:08
FILED
STATE OF FLORIDA
TALLAHASSEE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CLAY@AMSTAMPA.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN
THE CAMBRIDGE INSURANCE AGENCY, INC.

2020 FEB 12 1:11:02

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 13 2020

DocuSign Envelope ID: 9F8584D6-B261-421B-BA2C-126FA435F0A7

Audit # H20000048103

Articles of Amendment
to
Articles of Incorporation
of

THE CAMBRIDGE INSURANCE AGENCY, INC.

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

P08000014312

(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:

_____ 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: _____, Florida
(City) (Zip Code)

20 FEB 12 AM 9:08
STATE OF FLORIDA
SECRETARY OF STATE

FILED

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.

Audit# H20000048103

DocuSign Envelope ID: 9F8584D6-B261-421B-BA2C-126FA435F0A7

Audit# H20000048103

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 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>BRENT DUFFIELD</u>	<u>1000 N Ashley Drive Suite 1020</u> <u>TAMPA, FL 33602</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>CLAYTON CURRIER</u>	<u>1000 N Ashley Drive Suite 1020</u> <u>TAMPA, FL 33602</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

20 FEB 12 AM 5:08
 FILED
 TAMPA, FL
 CLAYTON CURRIER

DocuSign Envelope ID: 9F8584D6-B261-421B-BA2C-126FA435F0A7

Audit# H20000048103

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

Lined area for amending or adding additional Articles.

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)

Lined area for provisions for implementing the amendment.

20 FEB 12 AM 9:08
FILED
STATE
CLERK OF SUPERIOR COURT
IDAHO

FILED

Audit# H20000048103

DocuSign Envelope ID: 9F8584D6-B261-421B-BA2C-126FA435F0A7

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)

Dated 2/12/2020

Signature _____
DocuSigned by:
CLAYTON A. HEITLER

(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)

CLAYTON A. HEITLER

(Typed or printed name of person signing)

President

(Title of person signing)

20 FEB 12 AM 9:08
 FILED
 DEPARTMENT OF STATE
 PALM SPRINGS, FLORIDA