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DIVISION OF CORPORATE AFFAIRS
13 APR 15 AM 9:19

Amend/cc
Ga 4.16.13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FULL COVER INSURANCE SOLUTIONS, Corp.

DOCUMENT NUMBER: 26-2592548

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

Please return all correspondence concerning this matter to the following:

(MIKE)
JUSTIN MICHAEL MEYERS
Name of Contact Person

FULL COVER INSURANCE SOLUTIONS, Corp.
Firm/ Company

3141 S. FLORIDA AVE
Address

LAKELAND, FL 33803
City/ State and Zip Code

STEVE FULL COVER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

(MIKE)
JUSTIN MICHAEL MEYERS at (863) 529-3757
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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 APR 15 AM 8:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

April 1, 2013

JUSTIN MICHAEL MEYERS
FULL COVER INSURANCE SOLUTIONS, CORP.
3141 S. FLORIDA AVE
LAKELAND, FL 33803

SUBJECT: FULL COVER INSURANCE SOLUTIONS, CORP.
Ref. Number: P08000049095

We have received your document for FULL COVER INSURANCE SOLUTIONS, CORP. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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 check only 1(one) box.

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: 513A00007583

Articles of Amendment
to
Articles of Incorporation
of

FULL COVER INSURANCE SOLUTIONS CORP.

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

P08000049095

(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 STEVEN MAX GREENBERG

109 OKALOOSA DR
(Florida street address)

New Registered Office Address: WINTER HAVEN, Florida 33884
(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.

Steven Max Greenberg

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
CORPORATION DIVISION
13 APR 15 PM 9:19

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 | <u>P</u> | <u>JUSTIN MICHAEL MEYERS</u> | <u>5068 FAIRFIELD DR</u> |
| <input type="checkbox"/> Add | | | <u>LAKELAND, FL 33811</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input checked="" type="checkbox"/> Change | <u>V</u> | <u>STEVEN M GREENBERG</u> | <u>109 OKALOOSA DR</u> |
| <input type="checkbox"/> Add | | | <u>WINTER HAVEN FL 33884</u> |
| <input type="checkbox"/> Remove | | | |
| 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 | | | |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

CURRENTLY JUSTIN MICHAEL MEYERS^(MIKE) IS LISTED AS
PRESIDENT-OWNER

THERE IS A CHANGE. JUSTIN M. MEYERS LEFT
CORPORATION.

STEVEN M. GREENBERG IS NAMED PRESIDENT
AND SOLE OWNER.

**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)

STEVEN M GREENBERG IS SOLE SHARE HOLDER
OF FULL COVER INSURANCE SOLUTIONS

Effective date if applicable: 2/15/2010
(no more than 90 days after amendment file date)

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):*

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 2/12/2010

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)

JUSTIN M MEYERS

(Typed or printed name of person signing)

PRESIDENT-OWNER

(Title of person signing)