

PD8000052446

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H10000017866 3)))



H100000178663ABC8

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

10 JAN 26 AM 8:28

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: SUSAN@danceferrentino.com

RECEIVED
2010 JAN 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Name chg
CC
10/1/27/10

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION
OF
TAMPA INSURANCE AGENCY, INC.

The undersigned, being the President of Tampa Insurance Agency, Inc., a Florida corporation, hereby certifies that the following Amendment to the Articles of Incorporation was duly agreed, adopted and approved unanimously by all of the Directors and all of the Shareholders on the 15th day of January, 2009:

AMENDMENT

"Article I is amended to read as follows:

ARTICLE I NAME

The name of the corporation is: DANCE FERRENTINO INSURANCE AND FINANCIAL, INC.

In all other respects, the Articles of Incorporation shall remain as they were prior to this Amendment being adopted.

IN WITNESS WHEREOF, I hereby set my hand and seal this 20 day of January, 2010.

ATTEST:

By: John K. Dance
JOHN K. DANCE, as President

(CORPORATE SEAL)
STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 20th day of JANUARY, 2010, by JOHN K. DANCE as President for Tampa Insurance Agency, Inc.

Ann Marie Newberg
Notary Public, State of Florida
Print, Type or Stamp Name

Personally Known OR Produced Identification

Type of Identification Produced _____

ANN MARIE NEWBERG
MY COMMISSION # 00719996
EXPIRES: September 30, 2011
Do not Touch Budget History Services

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JAN 26 AM 8:28