

PO80000069D55

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TALLAHASSEE, FLORIDA
10 JUN 28 PM 2:35

Amend/cc
@ 6/29/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SENIOR INSURANCE SERVICES, INC

DOCUMENT NUMBER: PO8000069055

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

Please return all correspondence concerning this matter to the following:

JOAN M RECTOR
Name of Contact Person

SENIOR INSURANCE SERVICES, INC
Firm/ Company

111 SW 8. St
Address

OCALA FL 34471
City/ State and Zip Code

jrector@nationinsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOAN M RECTOR at (352) 840-0999
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

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

SENIOR INSURANCE SERVICES, INC.

(Document Number of Corporation (if known))

P08000069055

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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TALLAHASSEE, FLORIDA
10 JUN 28 9 2:35

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)

111 SW 8 St
Ocala FL 34471

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

111 SW 8 St
Ocala FL 34471

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:

JOAN M RECTOR

New Registered Office Address:

111 SW 8 St

(Florida street address)

Ocala

(City)

FL 34471

(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.

Joan M. Rector
Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DP	GARY THURSTON	825 SE 3 AVE OCALA FL 34471	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DST	WINDY KEMP	825 SE 3 AVE OCALA FL 34471	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DP	JOAN M RECTOR	111 SW 8 St OCALA FL 34471	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
DST	JOHN McDONALD	111 SW 8 St OCALA FL 34471	ADD

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

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

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: 6/22/10
(date of adoption is required)
Effective date if applicable: 7-1-10
(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):

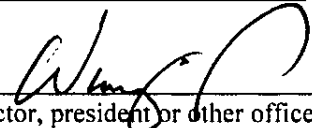
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 6/22/10

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)

Windy A. Kemp
CFO/Treasurer
(352) 629-7979

(Typed or printed name of person signing)

(Title of person signing)