

POS D000079019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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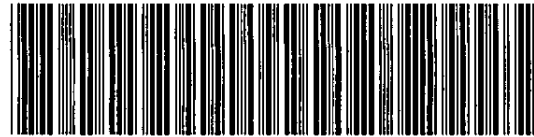
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP 29 PM 1:59

Art Correction  
cc  
@ 9/30/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SEACOAST INSURANCE GROUP, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P08000079019

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MICHAEL WM MEAD, ESQUIRE or  
JOHN S. MEAD, ESQUIRE**

(Name of Contact Person)

**MICHAEL WM MEAD, P.A.**

(Firm/Company)

**P.O. BOX 1329**

(Address)

**FORT WALTON BEACH, FL 32549-1329**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Bev Garrett**

(Name of Contact Person)

at ( 850 ) 243-3135

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

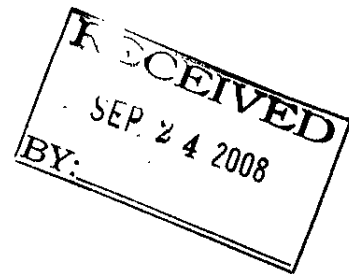
**Mailing Address:**

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

4104



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2008

MICHAEL WM MEAD, ESQ.  
MICHAEL WM NEAD, P.A.  
P.O. BOX 1329  
FORT WALTON BEACH, FL 32549-1329

SUBJECT: SEACOAST INSURANCE GROUP INC.  
Ref. Number: P08000079019

We have received your document for SEACOAST INSURANCE GROUP INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 908A00050791

RECEIVED  
2008 SEP 29 AM 8:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# ARTICLES OF CORRECTION

for

**SEACOAST INSURANCE GROUP, INC.**

\_\_\_\_\_  
Name of Corporation as currently filed with the Florida Dept. of State

**P08000079019**

\_\_\_\_\_  
Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLES OF INCORPORATION,  
(Document Type Being Corrected)

filed with the Department of State on August 26, 2008.  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The principal place of business and mailing address are incorrectly stated,  
as is the address for the incorporator and PST. (Articles II, VI and VII)  
(Incorrect as to the street number and direction.)

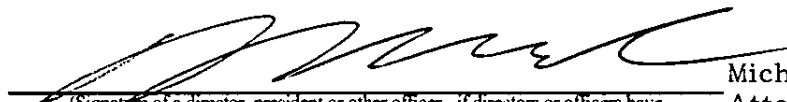
Correct the inaccuracy, incorrect statement, or defect:

The correct address should be reflected as:

. 20 Walter Martin Road NE  
within said Articles II, VI and VII.

08 SEP 29 PM 1:59

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

  
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Michael Wm Mead,  
Attorney in Fact

Michael MEAD  
(Typed or printed name of person signing)  
Attorney in Fact

\_\_\_\_\_  
Authorized Agent, Attorney at Law  
(Title of person signing)

**Filing Fee: \$35.00**