## P08000083872

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP . WAIT MAIL
(Business Entity Name)
,
(Document Number)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mediacione to mining content

Office Use Only



200244219092

02/14/13--01010--015 \*\*35.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

NC

FEB 1 5 2013

T. BROWN

## **COVER LETTER**

٠,

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: ATLANTIC IN	SURANCE BROKER	AGE CORPORATION
DOCUMENT NU	<sub>ивек:</sub> P0800008387	'2	
	es of Amendment and fee are su		
Please return all cor	respondence concerning this ma	tter to the following:	
	RICHARD AMAD	00	
	<del></del>	Name of Contact Perso	n
	RICHARD AMAD	O, CPA, PA	
	3000 N. UNIVER	Firm/ Company	·
	3000 N. ONIVER	Address	<b>L</b> I
	CORAL SPRING		
		City/ State and Zip Cod	e
R	AMADO@AMADO	CPA.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
RICHARD A	AMADO, CPA	or (954	510-0616
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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 Fec Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	ailing Address mendment Section (vision of Corporations O. Box 6327 tllahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301

## Articles of Amendment to Articles of Incorporation of

OINSECRETAFILED

13 FEB 14 PM 2:55

## ATLANTIC INSURANCE BROKERAGE CORPORATION

(Name of Corporation as currently fil	ed with the Florida Dept. of Stat	<u>e</u> )	
P08000083872			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	. Statutes, this Florida Profit Corpo	oration adopts the following	; amendment(s) to
A. If amending name, enter the new name of the con	rporation:		
FAMILY INSURANCE BROKERA	AGE CORP.		The new
name must be distinguishable and contain the word "Corp," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	" "Inc," or "Co". A professiona	"incorporated" or the ab	breviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u></u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		r the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	l am familiar with and accept the o	bligations of the position.	
Signature of Nev	w 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)

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: X Change	PT	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	mith .	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				······································
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
0 0				
6) Change		_		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	**************************************	
		· · · · · · · · · · · · · · · · · · ·
•		
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
		<del></del>
	,	
	— <u>, , , , , , , , , , , , , , , , , , ,</u>	

The date of each amendment(s)	adoption: 6 7 0 10
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated y Z	2-8-13
selec	director, president or other officer — If directors or officers have not been etcd, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	ANDREW MORAFATES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)