

P09000003124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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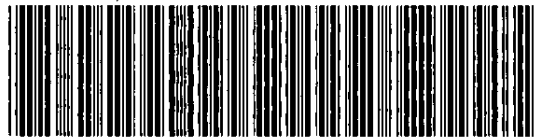
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 SEP 15 PM 12:06

FILED

Amend

TB

SEP 15 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fontaine Insurance of Central Florida  
Name of Corporation

**DOCUMENT NUMBER:** P054002

The enclosed Statement of ~~Change of Registered Office/Agent~~ <sup>Amendment</sup> and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rob Fontaine  
Name of Contact Person

Fontaine Insurance of Central Florida  
Firm/Company

2006 Hickory Tree Rd  
Address

Saint Cloud, FL 34772  
City/State and Zip Code

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

For further information concerning this matter, please call:

Rob Fontaine or Jessica Overstreet at ( 407 ) 556-3928  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

ATTN: Teresa Brown,



Please change all addresses.

Please change the principal, mailing,  
Registered Agent Name + Address +  
Officer/director detail Address.

Please change all addresses  
to 2009 Hickory Tree Rd.  
Saint Cloud, FL 34772.

Thank you,

Rob Fontaine



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 2, 2009

FONTAINE INSURANCE OF CENTRAL FLORIDA, INC.  
ROB FONTAINE  
2006 HICKORY TREE RD  
SAINT CLOUD, FL 34772

SUBJECT: FONTAINE INSURANCE OF CENTRAL FLORIDA, INC.  
Ref. Number: P09000003124

We have received your document for FONTAINE INSURANCE OF CENTRAL FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 409A00029356

Articles of Amendment  
to  
Articles of Incorporation  
of

Fontaine Insurance of Central Florida, Inc.  
(Name of corporation as currently filed with the Florida Dept. of State)

PO9000003124

(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:

**NEW CORPORATE NAME (if changing):**

Fontaine Insurance of Central Florida, Inc.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Please change All addresses to:

2009 Hickory Tree Rd.

Saint Cloud, FL 34772

- Please change the principal address,  
mailing address, Registered Agent Name & Address,  
& officer/director detail.

(Attach additional pages if necessary)

If an amendment provides for 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)

FILED  
2009 SEP 15 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 8-24-09

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)


**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were approved 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.

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)

Rob Fontaine

(Typed or printed name of person signing)

Agent / Owner / Director

(Title of person signing)

**FILING FEE: \$35**