

P09000015853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

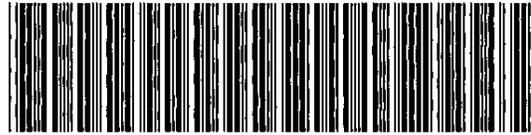
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600144707556

*Name changed
Amended*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR -6 PM 3:38

FILED

03/06/09--01024--13.75

NOT ATTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2009 MAR -6 AM 11:50

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

*ADR
3/11/09*

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Bays Insurance Agency, Inc

Thank you!
☺

Signature

Requested by: Christina 3/6 Am
Name Date Time

Walk-In Will Pick Up

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier

ARTICLES OF AMENDMENT
OF
BAYS INSURANCE AGENCY, INC.

FILED

2009 MAR -6 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BAYS INSURANCE AGENCY, INC., through its undersigned President and Secretary, hereby amend its Articles of Incorporation as follows:

1. ARTICLE I. The name of the corporation set forth in Article I, BAYS INSURANCE AGENCY, INC., is hereby changed and the corporation shall effective with this amendment bear the name of **INSURANCE RESOURCES AND RISK MANAGEMENT, INC.**

2. The new ARTICLE I to be included in the Articles of Incorporation shall read as follows:

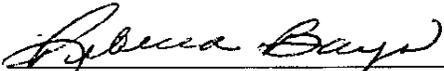
**ARTICLE I
NAME**

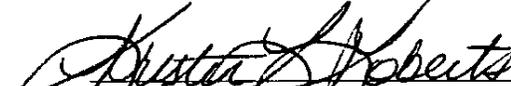
The name of this corporation is **INSURANCE RESOURCES AND RISK MANAGEMENT, INC.**

3. The foregoing amendment was adopted in writing by the shareholder of the corporation on March 4th, 2009.

4. Effective upon the foregoing amendment being accepted and approved by the Secretary of State of the State of Florida, the name of the corporation shall be changed to **INSURANCE RESOURCES AND RISK MANAGEMENT, INC.**

IN WITNESS WHEREOF, the undersigned President and Secretary of this corporation have executed these Articles of Amendment on this 5th day of March, 2009.

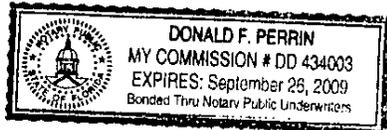

REBECCA BAYS, President


KRISTIN ROBERTS, Secretary

STATE OF FLORIDA
COUNTY OF CITRUS

BEFORE ME, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared **REBECCA BAYS and KRISTIN ROBERTS** who are personally known to me or who produced FL Driver's license as identification and who executed the foregoing Articles of Amendment and they acknowledged before me that they executed these Articles of Amendment.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, the 5th day of March, 2009.



(notary seal)


Notary Public
Name:
Commission No.:
Commission Expires: