

P09000015853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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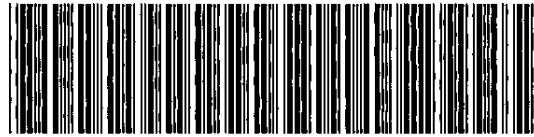
(Business Entity Name)

(Document Number)

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*Name
Change
Amended*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR -6 PM 3:38

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2009 MAR -6 AM 11:50

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

*ASR
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:

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.

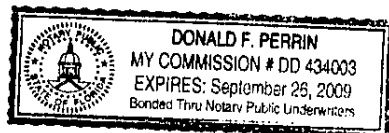

REBECCA BAYS, President


KRISTIN ROBERTS, Secretary

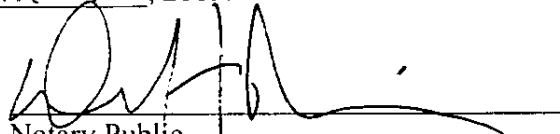
STATE OF FLORIDA
COUNTY OF CITRUS

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: