

P10000061409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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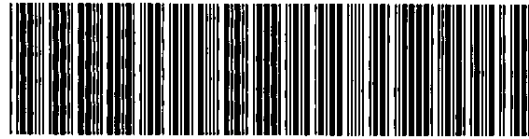
(Business Entity Name)

(Document Number)

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09/20/10--01016--018 \*\*35.00

FILED  
2010 SEP 20 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TB

SEP 21 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** BRIGGS FAMILY INSURANCE SERVICES, INC.

**DOCUMENT NUMBER:** P1 0000061409

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brett D. BRIGGS

Name of Contact Person

Briggs Family Insurance Services, Inc.

Firm/ Company

611 E. Bloomingdale Ave Suite A

Address

Brandon FL 33511

City/ State and Zip Code

Brett.Briggs@BRIGGSINSURANCE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brett Briggs

Name of Contact Person

at ( 813 ) 684-0400

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**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



**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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PSTD	STEPHEN A. BRIGGS	611 E. Bloomingdale Suite A BLANDON FL 33511	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PSTD	<sup>D.</sup> Brett BRIGGS	611 E. Bloomingdale Aves Suite A BLANDON FL 33511	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	STEPHEN A.W. Briggs	611 E. Bloomingdale Ave 3-A BLANDON FL 33511	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an 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)

*[Handwritten signature]*

The date of each amendment(s) adoption: 9/15/10  
Effective date if applicable: 9/15/10 (date of adoption is required)  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted 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.

Dated 9/15/10

Signature [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)

BRETT D. BRIGGS

(Typed or printed name of person signing)

President

(Title of person signing)