

PI0000097834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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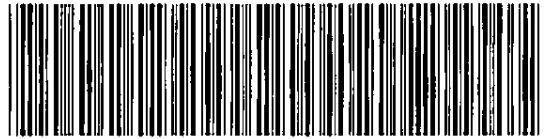
(Business Entity Name)

(Document Number)

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2023 DEC 14 PM 12:07

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FL

AB

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ECKER INSURANCE & ASSOCIATES, INC.

DOCUMENT NUMBER: P10000097834

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

Please return all correspondence concerning this matter to the following:

Debora H Ecker

Name of Contact Person

ECKER INSURANCE & ASSOCIATES, INC.

Firm/ Company

3054 Painters Walk

Address

Flagler Beach, FL 32136

City/ State and Zip Code

DEcker@Eckerins.com

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

For further information concerning this matter, please call:

Debora H Ecker

at ( 386 )

793-1960

Name of Contact Person

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

(Name of Corporation as currently filed with the Florida Dept. of State)

2023 JUN 14 PM 12:08

(Document Number of Corporation (if known))

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Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

**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 Doe

X Remove                    V      Mike Jones

X Add                         SV      Sally Smith

| Type of Action<br>(Check One) | Title       | Name              | Address                        |
|-------------------------------|-------------|-------------------|--------------------------------|
| 1) <u>    </u> Change         | <u>VD</u>   | <u>Sean Ecker</u> | <u>19 Magnolia Street</u>      |
| <u>X</u> <u>    </u> Add      |             |                   | <u>Flagler Beach, FL 32136</u> |
| <u>    </u> Remove            |             |                   |                                |
| 2) <u>    </u> Change         | <u>    </u> | <u>    </u>       | <u>    </u>                    |
| <u>    </u> Add               |             |                   |                                |
| <u>    </u> Remove            |             |                   |                                |
| 3 ) <u>    </u> Change        | <u>    </u> | <u>    </u>       | <u>    </u>                    |
| <u>    </u> Add               |             |                   |                                |
| <u>    </u> Remove            |             |                   |                                |
| 4) <u>    </u> Change         | <u>    </u> | <u>    </u>       | <u>    </u>                    |
| <u>    </u> Add               |             |                   |                                |
| <u>    </u> Remove            |             |                   |                                |
| 5) <u>    </u> Change         | <u>    </u> | <u>    </u>       | <u>    </u>                    |
| <u>    </u> Add               |             |                   |                                |
| <u>    </u> Remove            |             |                   |                                |
| 6) <u>    </u> Change         | <u>    </u> | <u>    </u>       | <u>    </u>                    |
| <u>    </u> Add               |             |                   |                                |
| <u>    </u> Remove            |             |                   |                                |

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

see minutes attached

**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)*

N/A

Minutes of Board of Directors Meeting  
Ecker Insurance & Associates, Inc  
Held on January 3, 2023

Present: Neal Ecker, Debora Ecker, Sean Ecker

BE IT RESOLVED: Agreed that Sean Ecker will be issued 33.33% shares of the above said company. This will represent 1/3 ownership of the company.

THERE being no other business meeting adjourned.

The date of each amendment(s) adoption: 1/3/23, if other than the date this document was signed.

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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

Dated 12/13/23

Signature Debra H Ecker  
(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)

Debra H Ecker

\_\_\_\_\_  
(Typed or printed name of person signing)

VS

\_\_\_\_\_  
(Title of person signing)

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000097834

**Entity Name:** ECKER INSURANCE & ASSOCIATES, INC.

**Current Principal Place of Business:**

2515 MOODY BLVD.  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

3054 PAINTERS WALK  
FLAGLER BEACH, FL 32136 US

**FEI Number:** 30-0655464

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ECKER, DEBORA H  
3054 PAINTERS WALK  
FLAGLER BEACH, FL 32136 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P,TR  
Name ECKER, NEAL G  
Address 3054 PAINTERS WALK  
City-State-Zip: FLAGLER BEACH FL 32136

Title VP,S  
Name ECKER, DEBORA H  
Address 3054 PAINTERS WALK  
City-State-Zip: FLAGLER BEACH FL 32136

Title VP  
Name ECKER, SEAN H  
Address 19 MAGNOLIA STREET  
City-State-Zip: FLAGLER BEACH FL 32136

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBORA H ECKER

VPS

12/13/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date