# P12000091754

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T. LEWIS

### **COVER LETTER**

Division of Corp	orations		
NAME OF CORPO	RATION: John Kizzia	ah, Inc.	
DOCUMENT NUM	BER: P1200009175	4	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	John Kizziah		
		Name of Contact Person	n
		Firm/ Company	
	4300 Bayou Boul	evard, Suite 30	
		Address	
	Pensacola, FL 32	2503	
		City/ State and Zip Cod	e
ioh	n.m.kizziah.gclq@	statefarm.com	
<u> </u>		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
John Kizziah	1	at (850	<u>477-8100</u>
Name of Contact Person		Агеа Со	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Ma	iling Address	Street	Address

#### Mailing Address

TO: Amendment Section

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

## Articles of Amendment Articles of Incorporation

FIL	Ξn
2012 MOY 20	
SECRETARY OF ALLAHASSEE, FE	STATE . ORIDA

John Kizziah Agency, Inc.

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

P12000091754

(Document Number	of Corporation (if kn	iown)	1 To
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Flo.	rida Profit Corporation ac	lopts the following amendmen
A. If amending name, enter the new name of the	corporation:		
John Kizziah Insurance Agency	, Inc.		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	rp," "Inc," or "Co"	". A professional corpore	rated" or the abbreviation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)			
	-		
	-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	ROX)		
(174111)			
	-		
	-		
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address	in Florida, enter the nar	ne of the
	ed office address.		
Name of New Registered Agent			
- · · · · · · · · · · · · · · · · · · ·	(Florida street	address)	
V D : 100 411	(*,		
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		and accept the obligation	s of the position.
	······································		V 1
	137 D		

Signature of New Registered Agent, if changing ...

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	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1)Change	· · · · · · · · · · · · · · · · · · ·	_		-	
Add				-	- MINAR MAY
Remove					- variable - Auror
2) Change		_		_	
Add				-	
Remove					
3 ) Change		_		_	
Add					
Remove				-	
4) Change					
Add				_	
Remove				•	
				•	
5) Change				-	
Add				-	
Remove				•	
6)Change				_	
Add		<del></del>		•	
Remove				•	

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
——————————————————————————————————————	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s	s) adoption:
Effective date if applicable:	11/08/2012
<u></u> -	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated Nov	ember 13, 2012
Signature	Jamy: 1
sel	a director president or other difficulty directors or officers have not been ected, by all incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	John Kizziah
	(Typed or printed name of person signing)
	Incorporator
	(Title of person signing)