## P16000014412

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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FEB 2 6 2018
T. LEMIEUX

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: HASSELL Commercial Insurance Company DOCUMENT NUMBER: P1600014412 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sherri Carter Barrett
Name of Contact Person Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sherri Carter Barrett
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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed)

**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

is enclosed)

## Articles of Amendment to Articles of Incorporation of

(Name of Corpo	oration as currently filed with the Florida Dep	t. of State)
HASSELL Commercial Insu	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new name of the	he corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co". A professional corpor	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	
	<del></del>	
D. <u>If amending the registered agent and/or reg</u> new registered agent and/or the new register		me of the
Name of New Registered Agent	ored white address.	
Hame Of New Negatered Agent		
<del></del>	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		ns of th <del>ust</del> oosition.
		SE CONTRACTOR OF THE CONTRACTO
		AFF G T
	Signature of New Registered Agent, if changing	25 F
		I: 58

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 Johr	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sail	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
i) 🔏 Change	<u> P</u>	MAKK HASSEU	1740 mayorew Ra
Add			gara. 32210
Remove			
2) Change	<u> </u>	Sherri Carter Barrett	1760 mayorew Rd
_X Add			Jav A. 32010
Remove			
3) Change	_5_	Jaime Thompson	1510 Forbast
_ <b>⅓</b> Add			Green Case Springs
Remove			Pl. 32043
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			V

(Attach additio	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)	
		·-·
	The state of the s	
provisions fo	ent provides for an exchange, reclassification, or cancellation of issued shares, rimplementing the amendment if not contained in the amendment itself: plicable, indicate N/A)	
Sheri !	Carter Barrett 1000/0 Share Owner	
		<u>_</u>

The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	2-19-16 (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amend ficient for approval.	ment(s)
	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	pted by the board of directors without shareholder action and shareholder	reholder
The amendment(s) was/were adopt action was not required.	oted by the incorporators without shareholder action and sharehol	der
Dated 2/2	2/16	
Signature	veri Laber Carter Barred VPIP	
(By a di	rector, president or other officer - if directors or officers have not	
	, by an incorporator – if in the hands of a receiver, trustee, or othed fiduciary by that fiduciary)	er court
_	Sheri (a Veine Carlet Barrett (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_	VPIP	
	(Title of person signing)	