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TALLAHASSEE, FLORIDA

# Ant Correction Name ch8

JAN 26 2017  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE BONGIORNO AGENCY, INC.

Name of Corporation

**DOCUMENT NUMBER:** P17000002569

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JENNIFER BONGIORNO**

Name of Contact Person

**C/O FARM BUREAU INSURANCE**

Firm/Company

**9905 OLD ST AUGUSTINE RD #502**

Address

**JACKSONVILLE, FL 32257**

City/State and Zip Code

**JENNIFER.BONGIORNO@FFBIC.COM**

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

For further information concerning this matter, please call:

**JENNIFER BONGIORNO** at ( **904** ) **651-5191**

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

**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

ARTICLES OF CORRECTION

For

THE BONGIORNO AGENCY, INC

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

P17000002569

Document Number (if known)

FILED  
2017 JAN 24 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct NAME OF CORPORATION

(Document Type Being Corrected)

filed with the Department of State on 1/6/17

(File Date of Document)

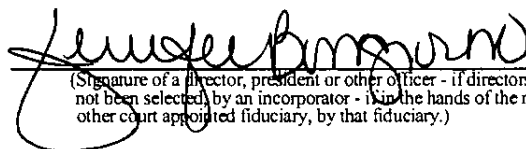
Specify the inaccuracy, incorrect statement, or defect:

I AM NOT ABLE TO USE THE NAME THE BONGIORNO AGENCY, INC  
FOR THE COMPANY I AM AN INDEPENDENT CONTRACTOR WITH.  
IT MUST CONTAIN MY FIRST AND LAST NAME.

Correct the inaccuracy, incorrect statement, or defect:

PLEASE RENAME THE CORPORATION TO:  
JENNIFER BONGIORNO, INC

PLEASE ALSO CORRECT THE NAME WITH THE IRS FOR WITH THE  
FOLLOWING FEIN: 81-4990408

  
(Signature of a director, president or other officer - If directors or officers have not been selected by an incorporator - In the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JENNIFER H BONGIORNO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00