

P17000013256

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TALLAHASSEE, FLORIDA

Articles of Correction

MAR 07 2017

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ARTICLES OF CORRECTION

For

Wellington Hawkins Insurance Agency Inc.
Name of Corporation as currently filed with the Florida Dept. of State

P17000013256
Document Number (if known)

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 correcting corporate name
(Document Type Being Corrected)

filed with the Department of State on 02/06/2017
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Wellington Hawkins Insurance Agency Inc.
does not meet criteria for State Farm

Correct the inaccuracy, incorrect statement, or defect:

Odis Hawkins Ins. Agency Inc.
meets the criteria for State Farm

Odis W. Hawkins

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

Odis W. Hawkins
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wellington Hawkins Insurance Agency Inc.
Name of Corporation

DOCUMENT NUMBER: P17000013256

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

Please return all correspondence concerning this matter to the following:

Odin W. Hawkins
Name of Contact Person

Wellington Hawkins Insurance Agency Inc.
Firm/Company

2901-3 Saint Johns Bluff Rd. S
Address

Jacksonville, FL 32246
City/State and Zip Code

wellington.hawkins.fc6bh@statefarm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Odin W. Hawkins at (904) 472-4667
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301