

P170000065403

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A Family Insurance Group, Inc.
DOCUMENT NUMBER: P17000065403

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

Please return all correspondence concerning this matter to the following:

Tina M Murray
Name of Contact Person
A Family Insurance Group Inc
Firm/ Company
111 Medical Center Ave
Address
Sebring FL 33870
City/ State and Zip Code
tinamarie_murray@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina Murray at (863) 402-0403
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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2017

TINA M. MURRAY
A FAMILY INSURANCE GROUP, INC.
111 MEDICAL CENTER AVE
SEBRING, FL 33870

SUBJECT: A FAMILY INSURANCE GROUP, INC.
Ref. Number: P17000065403

We have received your document for A FAMILY INSURANCE GROUP, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box regarding the adoption of the amendemnt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 817A00023167

Articles of Amendment
to
Articles of Incorporation
of

A Family Insurance Group, Inc.

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

P17000065403

(Document Number of Corporation (if known))

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:

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)

111 Medical Center Ave
Sebring FL 33870

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: _____, Florida _____
(City) (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

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 (Check One)	Title	Name	Address
1) <u>Change</u> <u>X</u> Add ____ Remove	<u>V</u>	<u>Clint Zwayer</u>	<u>3840 Citreon Drive</u> <u>Sebring FL</u> <u>33872</u>
2) ____ Change ____ Add <u>X</u> Remove	<u>S</u>	<u>Richard C Murray</u>	<u>591 Rutherford Blvd</u> <u>Sebring FL</u> <u>33875</u>
3) ____ Change <u>X</u> Add ____ Remove	<u>T</u>	<u>Tina Murray</u>	<u>591 Rutherford Blvd</u> <u>Sebring FL</u> <u>33875</u>
4) ____ Change ____ Add ____ Remove	_____	_____	_____
5) ____ Change ____ Add ____ Remove	_____	_____	_____
6) ____ Change ____ Add ____ Remove	_____	_____	_____

[illegible]

Removing the Following Shareholders
Richard C Murray & Amanda L Livingston

Reclassification of Shares to the following
Tina M Murray at 60%
Clint M Zwyer at 40%

The date of each amendment(s) adoption: _____, 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 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)

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

- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 11-17-17

Signature Tina M Murray
(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)

Tina M Murray
(Typed or printed name of person signing)

President
(Title of person signing)

G 88917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 NOV 17 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

12/31/17
AMT DISC

NOV 20 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mamie's School of Dance, Inc.

DOCUMENT NUMBER: G88917

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

Please return all correspondence concerning this matter to the following:

Mamie Robinson

(Name of Contact Person)

(Firm/Company)

3603 Boot Bay Road

(Address)

Plant City, FL 33563

(City/State and Zip Code)

For further information concerning this matter, please call:

Johnna Eady

(Name of Contact Person)

863-299-6815

at (

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE
12/31/17

(Title of person signing)

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