

P220000007130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

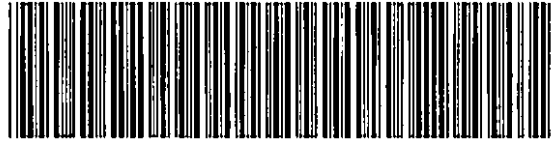
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FILED
2022 MAR 18 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Calvin Henshaw Insurance Agency, INC.
Name of Corporation

DOCUMENT NUMBER: Pa2000007130

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

Please return all correspondence concerning this matter to the following:

Calvin Henshaw
Name of Contact Person

Farmers Insurance
Firm/Company

17301 Pagonia Rd #300
Address

Clermont, Florida 34711
City/State and Zip Code

chenshaw@farmersagent.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Calvin Henshaw at (407) 484 5159
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

FILED

Calvin Henshaw Insurance Agency, Inc. 2022 MAR 18 AM 9:14
Name of Corporation as currently filed with the Florida Dept. of State

P22000007130
Document Number (if known)

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of Section 607.0124, Florida Statutes, Articles of Incorporation

These articles of correction correct Address Change
(Document Type Being Corrected)

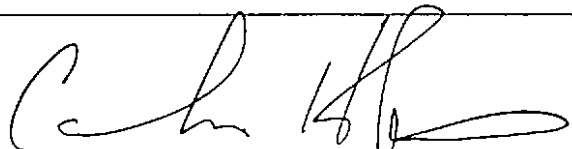
filed with the Department of State on 3-11-22
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Mailing Address & Principal Address:
205 West Washington St, Suite B
Minneola, FL 34715

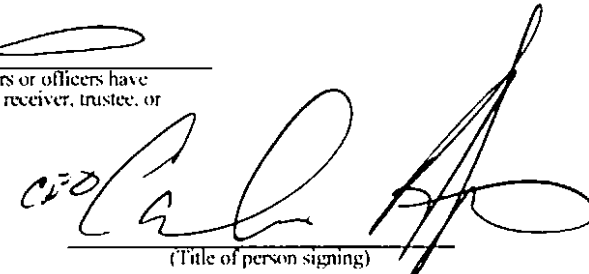
Correct the inaccuracy, incorrect statement, or defect:

Mailing Address & Principal Address:
17301 Pagonia Rd #300
Clermont, FL 34711



(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.)

Calvin Henshaw
(Typed or printed name of person signing)



(Title of person signing)

Filing Fee: \$35.00