

P24000064058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

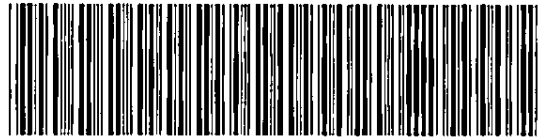
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12/09/24--01001--021 **43.75

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2024 DEC -9 PM 11:52

SECRETARY OF STATE
TALLAHASSEE, FL

FILED
TALLAHASSEE, FL

2024 DEC -9 AM 11:51

*00789, 00524, 00611, 00671



MEENAN
REGULATORY AND LEGISLATIVE ATTORNEYS

December 9, 2024

Via Hand-Delivery

New Filing Section
Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**Re: Mangrove Property Insurance Company
Articles of Amendment**

Dear sir or madam,

Enclosed, please find Articles of Amendment on behalf of Mangrove Property Insurance Company, as well as a check in the amount of \$43.75.

Should you have any questions or require anything additional, please do not hesitate to contact our office. Thank you in advance for your time and consideration.

Sincerely,

Meredith A. Lanford, RP, FRP
Paralegal to the Firm
meredith@meenanlawfirm.com

/mal
Enclosures



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MANGROVE PROPERTY INSURANCE COMPANY

DOCUMENT NUMBER: P24000064058

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

Please return all correspondence concerning this matter to the following:

Kelsey Carlton

Name of Contact Person

Meenan, P.A.

Firm/ Company

P.O. Box 11247

Address

Tallahassee, FL 32302

City/ State and Zip Code

meredith@meenanlawfirm.com

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

For further information concerning this matter, please call:

Kelsey Carlton

at (850) 425-4000

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 checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2024 DEC -9 PM 11: 52

MANGROVE PROPERTY INSURANCE COMPANY

(Name of Corporation as currently filed with the Florida Department of State)
TALLAHASSEE, FL

P24000064058

(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:

N/A

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**)

6170 Central Ave, Unit 10

St. Petersburg, FL 33707

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

6170 Central Ave, Unit 10

St. Petersburg, FL 33707

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 Chief Financial Officer of the State of Florida

200 East Gaines Street

(Florida street address)

New Registered Office Address: Tallahassee, Florida 32399-0300

(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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) <input type="checkbox"/> Change | <u>P/S</u> | <u>Robert Ricker</u> | <u>1309 Thomasville Road, Suite 300</u> |
| <input type="checkbox"/> Add | | | <u>Tallahassee, FL 32308</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>COO</u> | <u>Robert Ricker</u> | <u>1309 Thomasville Road, Suite 300</u> |
| <input type="checkbox"/> Add | | | <u>Tallahassee, FL 32308</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>CFO</u> | <u>Allan Burris Franklin</u> | <u>6170 Central Ave, Unit 10</u> |
| <input checked="" type="checkbox"/> Add | | | <u>St. Petersburg, FL 33707</u> |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u>DIR</u> | <u>David Allen Hart</u> | <u>6170 Central Ave, Unit 10</u> |
| <input checked="" type="checkbox"/> Add | | | <u>St. Petersburg, FL 33707</u> |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

Dated 12/5/2024 _____
DocuSigned by:

Signature _____
6A8C360D38844F1

(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)

Stephen Weinstein

(Typed or printed name of person signing)

Chief Executive Officer

(Title of person signing)