## P95000007769

(Re	equestor's Name)	···
(Ad	ddress)	· · · · · · · · · · · · · · · · · · ·
(Ad	ddress)	
(C	ity/State/Zip/Phone	<del>; #)</del>
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



000243426510

01/14/13--01046--004 \*\*43.75

Mm



IJAN 1 6 2013

T. ROBERTS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Franklin Insurance Agency, Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carlton W. Franklin Name of Contact Person
Franklin Insurance Agency, Inc.
Firm/ Company
P. O. Box. 3145 Address
Address
Tallahassee, FL 32315 City/ State and Zip Code
City/ State and Zip Code
of ifranklinefranklin-ins.com
E-mail and ess: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeff Franklin at 850, 681-0433 ext 109
Name of Contact Person at (850) 681-0433 ext 109  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  (Additional copy is enclosed)  Certificate Of Status  Certified Copy  (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment to Articles of Incorporation

	of	13 JAN - U
$\rightarrow$		SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of Corporation as currently filed with the	Florida Dept. of State)	ALLAHASSE OF STATE
Franklin Insurance Agency, In	1C.	SEE, FLORIDA
(Document Number of Corporation	(if known)	МОД
rsuant to the provisions of section 607.1006, Florida Statutes, th Articles of Incorporation:	is Florida Profit Corporati	on adopts the following amendment
If amending name, enter the new name of the corporation:		The new
me must be distinguishable and contain the word "corporal forp.," "Inc.," or Co.," or the designation "Corp," "Inc." or rd "chartered," "professional association," or the abbreviation  Enter new principal office address, if applicable:	"Co" A professional co	corporated" or the abbreviation
rincipal office address MUST BE A STREET ADDRESS )	1	<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
If amending the registered agent and/or registered office ac		name of the
Name of New Registered Agent  Name of New Registered Agent	ess:	<del></del>
	street address)	
	च्या.	orida
New Registered Office Address:		(Zip Code)

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 Johr	n Doe		
X Remove	<u>V</u> <u>Mike Jones</u>			
X Add	SV Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	<u>SD</u>	Linda D. Gillespie	2057 Crestdale Dr.	
Add		·	Tallahassee, FL 32308	
Remove				
2) X Change	PTD	Carlton W. Franklin	5965 Ox Bottom Manor De	
Add			Tallahassee, FL 32312	
Remove		0 1 = 10	70.17 ( 11 01	
3) X Change	<u>V5D</u>	Paul E. Franklin	7045 Grenville Rd	
Add			Tallahassee, FL 32309	
Remove		(		
4) X Change	<u>CD</u>	William J. Franklin	768 Rhoden Cove Rd	
Add			Tallahassee, FL 32312	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or add (Attach additional sh	ling additional Arti neets, if necessary).	(Be specific)				
			····			
·						
					_	
				,		
					<del></del>	
F. If an amendment p provisions for imp (if not applicate  1/A	provides for an excludementing the ame ble, indicate N/A)	hange, reclassifiendment if not co	cation, or cancontained in the	ellation of issued amendment itse	l shares. elf:	
- · · · ·						
· ·	-					

The date of each amendment(s) adoption: $\frac{2/3}{2}$
Effective date if applicable: $\frac{\sqrt{3}}{\sqrt{2}}$ (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
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)
(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
Signature
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
Présions
(Title of person signing)