

P96000045191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

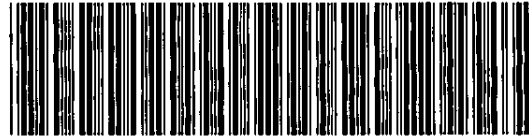
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500258978805

Amend

04/21/14--01046--016 **35.00

FILED
2014 MAY 14 PM 3:42
TALLAHASSEE, FLORIDA

* 00686
00789, 00524, 00671

DR
5/15/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Premier Insurance Corporation, Inc.

DOCUMENT NUMBER: P96000045191

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

Please return all correspondence concerning this matter to the following:

Lawrence M. Wier

Name of Contact Person

Premier Insurance Corporation, Inc.

Firm/ Company

1326 Cape Coral Parkway E, Suite #1

Address

Cape Coral, FL 33904

City/ State and Zip Code

lmw@premierinsurancecorp.com

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

For further information concerning this matter, please call:

Lawrence M. Wier

at (239) 542-7101

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:

☒ \$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)

Check Previously sent and
cashed by bank (see attached 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



1326 Cape Coral Parkway E, Suite #1, Cape Coral, FL 33904



Phone: 239-542-7101 Fax: 239-542-0693

- * Workers Compensation
- * Employee Benefits
- * Commercial Insurance
- * Life Insurance
- * Bonds

April 14, 2014

Amendment Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Document Number P96000045191
Amend mailing and physical address

To Whom It May Concern:

Please have our mailing address amended to read 1326 Cape Coral Parkway E, Suite #1, Cape Coral, FL 33904 and physical address also corrected to read 1326 Cape Coral Parkway E, Suite #1.

Changes are indicated on the attached form and our check for \$35.00 payable to Department of State is enclosed.

Please contact our office if you need any further paperwork to make this change.

PREMIER INSURANCE CORPORATION, INC.

Lawrence M. Wier, Vice President, CEO

Encl. As above

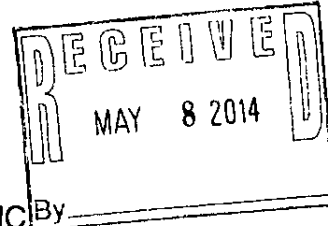


FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 MAY 14 PM 12:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

April 29, 2014

From W
Lawrence M. Wier
Premier Insurance
1326 Cape Coral Parkway E, Suite #1
Cape Coral, FL 33904



SUBJECT: PREMIER INSURANCE CORPORATION, INC
Ref. Number: P96000045191

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

You did not include a document with your check and cover letter. You only included a printout of your corporation information showing the address change. In order to change all the addresses you must file articles of amendment. I have enclosed an amendment form for you to fill out and return to us. You may change the principal, mailing and registered agent's address on the first page of the amendment form. On the second page of the amendment form where it lists the officer's and the type of action you may state that you are changing the officer's address.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 714A00009042

*See Requested document
attached.*

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

Premier Insurance Corporation, Inc.

FILED

2014 MAY 14 PM 3:42

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

P960000045191

ALLIANCE STATE
TALLAHASSEE, FLORIDA

(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)

1326 Cape Coral Parkway E

Suite #1

Cape Coral, FL 33904-9031

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

1326 Cape Coral Parkway E, Suite #1

Cape Coral, FL 33904

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

1326 Cape Coral Parkway E , Suite #1

(Florida street address)

New Registered Office Address: Cape Coral, Florida 33904

(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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	1326 Cape Coral Parkway E
<input type="checkbox"/> Add	_____	_____	Suite 1
<input type="checkbox"/> Remove	_____	_____	Cape Coral, FL 33904
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<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)

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)

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)

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

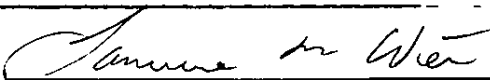
by _____."
(voting group)

- ☐ 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 05/08/14

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)

Lawrence M. Wier

(Typed or printed name of person signing)

CEO/ Vice President

(Title of person signing)