

P9700029759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

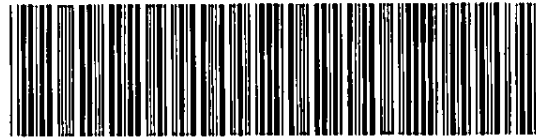
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 AUG -9 PM 3:34

CLERK OF COURT  
TALLAHASSEE, FLORIDA

AUG 09 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2018

MARIA C REED  
COMMERCIAL INSURANCE RESOURCES, INC  
36 HARBOUR ISLE DRIVE WEST STE 206  
FORT PIERCE, FL 34949

SUBJECT: COMMERCIAL INSURANCE RESOURCES, INC.  
Ref. Number: P97000029759

We have received your document for COMMERCIAL INSURANCE RESOURCES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 818A00015844

*PLEASE SEE ATTACHED.*

*Shelia H Young*

RECEIVED  
18 AUG -9 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FL INSURANCE RESOURCES, INC. (NEW CORP NAME)

DOCUMENT NUMBER: P97000029759

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

Please return all correspondence concerning this matter to the following:

MARIA C. REED

Name of Contact Person

COMMERCIAL INSURANCE RESOURCES, INC.

Firm/ Company

36 HARBOUR ISLE DRIVE WEST, SUITE 206

Address

FORT PIERCE, FL 34949

City/ State and Zip Code

insuranceresourcesinc@gmail.com or mariacreed@aol.com

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

For further information concerning this matter, please call:

MARIA C. REED

Name of Contact Person

at ( 407 ) 463-8155

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State PAID

☐ \$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

Articles of Amendment  
to  
Articles of Incorporation  
of  
COMMERCIAL INSURANCE RESOURCES, INC.

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

P97000029759

(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:

FL INSURANCE RESOURCES, INC. \_\_\_\_\_ 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)

36 HARBOUR ISLE DRIVE WEST, SUITE 206

FORT PIERCE, FL 34949

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

36 HARBOUR ISLE DRIVE WEST, SUITE 206

FORT PIERCE, FL 34949

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

[illegible]

(ii) not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: AUGUST 1, 2018, if other than the date this document was signed.

Effective date if applicable: AUGUST 1, 2018  
(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):

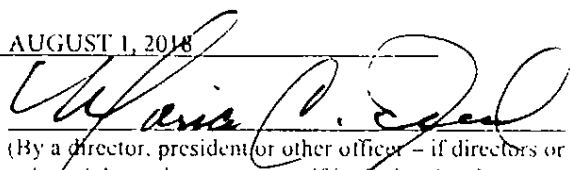
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 AUGUST 1, 2018

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)

MARIA C. REED

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)