

P97000063450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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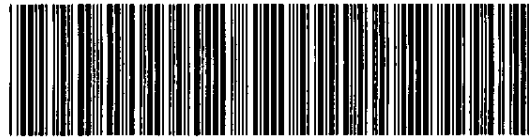
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 30 AM 12:00

R.A. Chg.
C.COULLIETTE

DEC 01 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TMK Risk Management, Inc.

DOCUMENT NUMBER: P97000063450

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

Please return all correspondence concerning this matter to the following:

Allison Kallman

Name of Contact Person

TMK Risk Management, Inc.

Firm/ Company

P.O. Box 266736

Address

WESTON FL 33327

City/ State and Zip Code

akallman@tmkrisk.com

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

For further information concerning this matter, please call:

Thomas Kallman

Name of Contact Person

at (954) 389-5897

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)

Mailing Address

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

Street Address

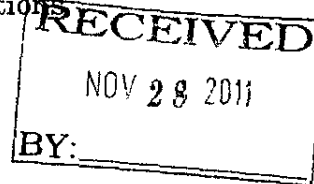
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2011

ALLISON KALLMAN
TMK RISK MANAGEMENT INC.
PO BOX 266736
WESTON, FL 33327



SUBJECT: TMK RISK MANAGEMENT INC.
Ref. Number: P97000063450

We have received your document for TMK RISK MANAGEMENT INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

If all you are doing is changing the registered agent address, please complete the enclosed form for that purpose and do not send back the amendment application.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 611A00026369

RECEIVED
11 NOV 30 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TMK Riskmanagement INC
Name of Corporation

DOCUMENT NUMBER: P97000063450

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MISSY Kallman
Name of Contact Person

Kallman Insurance
Firm/Company

P.O. Box 266736
Address

WESON, FL 33526
City/State and Zip Code

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

For further information concerning this matter, please call:

THOMAS Kallman at (954) 389-5897
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TMK RISK MANAGEMENT DBA Kallman Insurance
2. The principal office address: 2149 North Commerce PKWY WESTON FL 33326
3. The mailing address (if different): PO BOX 216736 WESTON FL 33326
4. Date of incorporation/qualification: 07/21/97 Document number: 997006063480
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Thomas Kallman
1535 Northpark Dr Suite 102
Weston FL 33326

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

* Same name
2149 North Commerce PKWY
P.O. Box NOT acceptable
WESTON, FL 33326

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 30 AM 12:00

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Thomas Kallman - President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

11/28/11
Date

If signing on behalf of an entity:

N/A
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)