799000047092

(Re	questor's Name)		_
(ive	questor s Harrie)		
(Ad	dress)		-
•	•		
(Ad	dress)		-
(Cit	y/State/Zip/Phone	#)	_
PICK-UP	WAIT	MAIL.	
(Bu	siness Entity Nam	ne)	-
(Do	cument Number)		-
Certified Copies	_ Certificates	of Status	_
Special Instructions to	Filing Officer:		7
,			
			إ
			_





700288906417

08/15/16--01021--010 **35.00°, ***

Mend

OCT 0 5 2016

D CONNELL



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2016

GARY MCMULLIN MCMULLIN INSURANCE, INC. 500 UNIVERSITY BLVD, SUITE 101 JUPITER, FL 33458

SUBJECT: MCMULLIN INSURANCE, INC.

Ref. Number: P99000047092

We have received your document 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):

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

Please make all necessary address changes on the amendment form attached.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

Hoyou have any questions concerning the filing of your document, please call (850) 245-6050.

Susan SiTallent Regulatory Specialist II

Letter Number: 016A00018740

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: McMullin Insurance, INC DOCUMENT NUMBER: P99000047092 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GARY MCMUILLA
Name of Contact Person Name of Contact Person

McMullin Insurance, Inc.

Firm/ Company

500 University Blvd, Suite 101

Address

Jupiter, FL. 33458

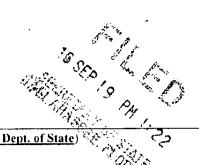
City/ State and Zip Code GARYMCMULINGALLSTATE, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (50) 340-5553 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Genter Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



ullin Insurance, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State

(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:	
name must be distinguishable and contain the word "corporation "Corp," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co" A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	500 University Blvd, Suite 101 Jupiter, FL 33458
	Jupiter, FL. 33458
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	500 university Blvd. Suite 101
	suite 101
	Jupiter, Fl- 33458
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address: Name of New Registered Agent	<u> </u>
(Florida stre	ret address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New R	egistered 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.

<u>X</u> Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		-		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change	 			
Add				
Remove				
4) Change				
Add				
Remove			•	
5) Change				
Add		_		
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	•
	•
•	
· · · · · · · · · · · · · · · · · · ·	
	,
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

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 document's effective date on the Department of State's records.	I not be listed as the
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)	
President	
(Title of person signing)	-