

Fax Server

10/7/2010 11:42:34 AM PAGE 1/005 Fax Server

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000220091 3)))



H100002200913ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT -7 PM 2:56

FILED

RECEIVED

10 OCT -7 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
INSURANCE CONSULTANTS OF CENTRAL FLORIDA, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 5 |
| Estimated Charge | \$35.00 |

*Name Change
amend*

*PPR
10/7/10*

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Server 10/7/2010 11:42:34 AM PAGE 2/005 Fax Server
850-617-6381 10/7/2010 10:25:03 AM PAGE 1/001 Fax Server



October 7, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations
INSURANCE CONSULTANTS OF CENTRAL FLORIDA, INC.
227 S. ORLANDO AVE
SUITE A-1
WINTER PARK, FL 32789US

SUBJECT: INSURANCE CONSULTANTS OF CENTRAL FLORIDA, INC.
REF: S21249

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please fill in the date of each amendment(s) adoption in the space provided at the top of page 3.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H10000220091
Letter Number: 910A00023779

RECEIVED
10 OCT -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED**2010 OCT -7 PM 2:56**Articles of Amendment
to
Articles of Incorporation
of
**SECRETARY OF STATE
PALM HARBOR, FLORIDA**Insurance Consultants of Central Florida, Inc.(Name of Corporation as currently filed with the Florida Dept. of State)S21249(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:

Park Insurance Planners, 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**)*

227 S. Orlando AvenueSuite B-1Winter Park, FL 32789

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

227 S. Orlando AvenueSuite B-1Winter Park, FL 32789

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:

New Registered Office Address:

(Florida street address)

(City)

Florida
(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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <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: 10/01/10
(date of adoption is required)
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.

¹⁸
Dated October 7, 2010

Signature Scott R. Bunkers

(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)

Scott R. Bunkers

(Typed or printed name of person signing)

Sole Shareholder and Sole Director

(Title of person signing)