



**S65108**  
**JENSEN ALL STAR INSURANCE, INC.**

**AUTO ★ HOME ★ BUSINESS**

999 Rock Island Rd., North Lauderdale, FL 33068

Tel: (954) 726-9466 • Fax: (954) 726-9493

2705 N. Andrews Ave., Wilton Manors, FL 33311

Tel: (954) 564-4045 • Fax: (954) 564-4705

✓ Mailing Address: P.O. Box 5847, Ft. Lauderdale, FL 33310-5847

November 19, 1999

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

300003051703--8

-11/22/99-01131-013

\*\*\*\*\*43.75 \*\*\*\*\*43.75

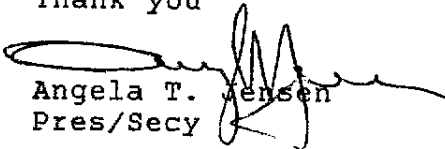
RE: Change of Name

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Enclosed is an executed copy of Articles Of Amendment To Articles of Incorporation, changing the name of our Corporation to JENSEN FINANCIAL SERVICES, INC., along with a check for \$43.75 in payment of filing fee and for certified copy of the Amendment.

Any questions, we can be reached at (954) 726-9466

Thank you

  
Angela T. Jensen  
Pres/Secy

encls:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 DEC 9 AM 11:07

*Name Change*  
*NFS 12-9-99*



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 1, 1999

Angela T. HJJensen  
% JENSEN/ALL STAR INSURANCE, INC.  
Post Office Box 5847  
Ft. Lauderdale, FL 33310-5847

SUBJECT: JENSEN/ALL STAR INSURANCE, INC.  
Ref. Number: S65108

We have received your document for JENSEN/ALL STAR INSURANCE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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) 487-6910.

Louise Flemming-Jackson  
Corporate Specialist Supervisor

Letter Number: 599A00056817

*- Please see attached  
Thank You  
[Signature]  
12/2/99*

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 DEC 9 AM 11:07

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JENSEN/ALL STAR INSURANCE, INC.

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(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

CHANGE NAME OF CORPORATION TO:

JENSEN FINANCIAL SERVICES, INC.

**SECOND:** 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, are as follows:

**THIRD:** The date of each amendment's adoption: ~~January 17, 2000~~ 11/19/99 

**FOURTH:** Adoption of Amendment(s) (CHECK ONE)

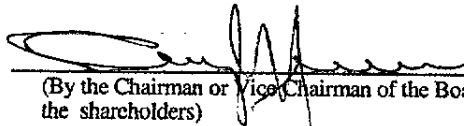
- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled 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.

Signed this 19th day of November, 19 99.

Signature



President/Secretary

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

By: Angela T. Jensen

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Title