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EFFECTIVE DATE 5-1-2010

Amend

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APR 1 3 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Linda S Williams Insurance Agency, Inc.			
DOCUMENT NUMBER:	NUMBER: \$98758			
The enclosed Articles of Amendment	and fee are submitted for filing.			
Please return all correspondence conc	terning this matter to the following:			
	Linda S Williams			
	Name of Contact Person			
Line	da S Williams Insurance Agency, Inc.			
	Firm/ Company			
	131 Brent Circle			
	Address			
	Oldsmar, Florida 34677			
	City/ State and Zip Code			
Line E-mail address	dasanderswilliams@gmail.com s: (to be used for future annual report notification)			
For further information concerning th	is matter, please call:			
Linda S Williams	at (727) 741-3276 Area Code & Daytime Telephone Number			
Name of Contact Person	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 F Certificate of S				
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

Articles of Incorporation

Linda S. Williams Insurance Agency, Inc.

Articles of Anticles of Inco	
	Agency Inc
Linda S. Williams Insurance (Name of Corporation as currently filed with	the Florida Dept. of State)
S98758	10.54
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	effective date 5-1-2010 The new
abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associa B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	131 Brent Circle
	Oldsmar, FL 34677
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office aden Name of New Registered Agent:	
New Registered Office Address: (Flor	ida street address)
(City)	, Florida (Zip Code)
	, ,
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam.	iliar 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>	Name	<u>Address</u>	Type of Action
VP	John H. Williams, III	131 Brent Circle Oldsmar, FL 34677	
			☐ Add
	ding or adding additional Articles, enditional sheets, if necessary). (Be a		
provisi	mendment provides for an exchange ions for implementing the amendmenot applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: 04	/06/2010
Effective date if applicable:	05/01/2010	(date of adoption is required)
Effective date if applicable.		0 days after amendment file date)
Adoption of Amendment(s)	<u>(СН</u>	ECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
		e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amend	dment(s) was/were sufficient for approval
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators without shareholder action and shareholder
Dated_04/0	06/2010	
Signature		& S. William
sele		ent or other officer – if directors or officers have not been corator – if in the hands of a receiver, trustee, or other court y that fiduciary)
		Linda S. Williams
	(Tyr	ped or printed name of person signing)
	PA	resident
		person signing)