P140000043928

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

NAME CHANGE

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | AZURE SKY | INSURANCE INC | | | | |
|------------------------------|---|---|--|--|--|--|
| DOCUMENT NUMB | BER: P14000043928 | | | | | |
| The enclosed Articles | of Amendment and fee are si | ubinitted for filling. | | | | |
| Please return all corres | pondence concerning this ma | atter to the following: | | | | |
| | | HEIDI DUARTE | | | | |
| Name of Contact Person | | | | | | |
| - | | 12 | | | | |
| Firm/ Company | | | | | | |
| - | 8645 LEIGHTON DR | | | | | |
| | Address | | | | | |
| - | · · · · · · · · · · · · · · · · · · · | TAMPA FL 3361 City/ State and Zip Cod | <u> </u> | | | |
| | | eny since and sup coo | | | | |
| | | DUARTE@istarexpress | | | | |
| | h-mail address; (to be u | sed for future annual report | notification) | | | |
| Five fresh as indiagnosis an | | | | | | |
| ror tuttier intormation | concerning this matter, plea | se catt: | | | | |
| HEIDI DU | JARTE | 040 |) 005.0570 | | | |
| Name o | f Contact Person | |)805-8572 ide & Daytime Telephone Number | | | |
| Enclosed is a check for | the following amount made | navable to the Florida Don | outinear of Cross | | | |
| | me nominal minor | payable to the r totals bep. | armene of state. | | | |
| ፟ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy | □\$52.50 Filing Fee Certificate of Status | | | |
| NAME CHANGE | | (Additional copy is enclosed) | Certified Copy (Additional Copy is enclosed) | | | |
| <u>Maili</u> | ng Address | <u>St</u> reet | Address | | | |
| | idment Section | Amendment Section | | | | |
| | ion of Corporations Box 6327 | | on of Corporations Building | | | |
| Tallal | hassee, FL 32314 | 2661 E | vecutive Center Circle | | | |
| | Tallahassee, FL 32301 | | | | | |

Articles of Amendment Articles of Incorporation of

| AŻURE SI | KY INSURANCE | INC |
|------------------------|-------------------------|-----------------------------|
| (Name of Corporation : | as currently filed with | the Florida Dept. of State) |
| P14 | 000043928 | |
| (Dagues | Miranh ra a Camaanii | stem (14) |

| | | lorida Dept. of S | MALE, | | | |
|--|--|--|---|--|--|---|
| P14(| 000043928 | | | | | |
| (Docume | nt Number of Corporation (i | t known) | | | | |
| he provisions of section 607 f Incorporation: | .1006, Florida Statutes, this | Florida Projit Co | rporation adopts the | e following ame | endment(s) | ω |
| ling name, enter the new n | ame of the corporation: X | XX | | | | |
| ST INSURANCE GR | OUP INC | | | Thu | M-184* | |
| ic." or Co.," or the design | ration "Corp." "Inc." or " | Co". A projessi | or "incorporated" mal corporation na | or the abbrev | iation | |
| w principal office address, fice address <u>MUST BE A S</u> | if applicable: TREET ADDRESS) | | | | | |
| | | | | | | |
| address <u>MAY BE A POST</u> (| OFFICE BOX) | | | SECRE | 2818 AU | 7 |
| ing the registered agent an | nd/or registered office uddr | es in Florida a | stor the record of the | | 6 20 | |
| stered agent and/or the nev | w registered office address: | ess in ranida, ei | iter the game of the | | 显 | · ! |
| e of New Registered Agent | | | | | 12: 86 | |
| | (Florida stre | vet address) | | 2. | , • | |
| | | • | | | | |
| | the provisions of section 607 funcorporation: ing name, enter the new notes in the lower of the design of the des | the provisions of section 607.1006, Florida Statutes, this funcorporation: ing name, enter the new name of the corporation: XIST INSURANCE GROUP INC be distinguishable and contain the word "corporation or "for " or Co.," or the designation "Corp." "Inc." or " ored," professional association," or the abbreviation " we principal office address, if applicable: fice address MUST BE A STREET ADDRESS.) we mailing address, if applicable: address MAY BE A POST OFFICE BOX) ing the registered agent and/or registered office address: cof New Registered Agent. | the provisions of section 607.1006, Florida Statutes, this Florida Profit Co. f Incorporation: ing name, enter the new name of the corporation: XXX ST_INSURANCE_GROUP_INC be distinguishable and contain the word "corporation," "company," w.," or Co.," or the designation "Corp.," "Inc.," or "Co", A professioned," professional association," or the abbreviation "P.A" A principal office address, if applicable: fice address MUST BE A STREET ADDRESS) we mailing address, if applicable: address MAY BE A POST OFFICE BOX) ing the registered agent and/or registered office address in Florida, endered agent and/or the new registered office address: e of New Registered Agent | the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the Incorporation: ing name, enter the new name of the corporation: XXX ST_INSURANCE_GROUP_INC be distinguishable and contain the word "corporation," "company," or "incorporated" be a distinguishable and contain the word "corporation," "company," or "incorporated" be a professional corporation named, "professional association," or the abbreviation "P.A" A principal office address, if applicable: fice address MUST BE A STREET ADDRESS) We mailing address, if applicable: address MAY BE A POST OFFICE BOX) ing the registered agent and/or registered office address in Florida, enter the name of the dered agent and/or the new registered office address: c of New Registered Agent | the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following ame funcorporation: Incorporation: Ing name, enter the new name of the corporation: XXX ST_INSURANCE_GROUP_INC | the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) [Incorporation: Incorporation: Ing name, enter the new name of the corporation: XXX ST_INSURANCE_GROUP_INC |

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; $D \neq Director$; TR = Trustee; $C \neq Chairman$ or Clerk; $CEO \neq Chief$ fixecutive 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.

| X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| f) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3.) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | • | |
| 51 Change | _ | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | (Be specific) | | | |
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| an amendment provinces for an etti | ndinent if not co | intained in the | amendment itse | i snares, ir |
| <u>rovisions for imple</u> menting the ame | | | | <u></u> |
| rovisions for implementing the ame (if not applicable, indicate N/A) | | | | |
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| (if not applicable, indicate N/A) | | | | |
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| covisions for implementing the ame (if not applicable, indicate N/A) | | | | |

| The date of each amendment(s) adoption: | , if other than the |
|--|---------------------|
| Effective date if applicable: | |
| (no more than 40 days after amendment file date) | _ |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east 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. | |
| Dated 08-16-2018 | |
| Signaturexx | |
| (By a director, president or other officer – if directors or officers have not been | - |
| selected, by an pheorphorator – if in the hands of a receiver, trustee, or other court | |
| appointed fiduciary by that fiduciary) | |
| HATDIEL ACOSTA | |
| (Typed or printed name of person signing) | - |
| PRESIDENT | |
| (Title of person signing) | _ |