

P970000 67849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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500332838425

08/13/19--01020--013 **43.75

2019 SEP -3 PM 2:08

R. WHITE

SEP 04 2013



Wellington Florida

800-647-8346

August 9, 2019

Attn: Divisions of Corporations
Amendment Department / Section
P.O. Box 6327
Tallahassee, Fl. 32314

RE: Insurance Management Corp. / Document number P97000067849

To Whom it may concern:

Please be advised that we are Deleting Mitchell Grudin as the President and Registered Agent of Insurance Management and adding Annette Grudin as the New President and Registered Agent for Insurance Management. Mitchell Grudin will be stepping down in both his roles and his new title will be Secretary . Rayven Grudin is being appointed as the new Vice President .

I Annette Grudin being appointed as the President and Registered Agent approve these changes effective today August 9, 2019

Our Company mailing address is 2727 Eleanor Way, Wellington Fl. 33414. Office number is 1-800-647-8346.

Please let us know when these changes have been completed

Thank you

A handwritten signature in cursive script that reads "Annette Grudin".

Annette President and Registered Agent



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2019

MITCHELL GRUDIN
2727 ELEANOR WAY
WELLINGTON, FL 33414

SUBJECT: INSURANCE MANAGEMENT CORPORATION
Ref. Number: P97000067849

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

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 919A00017012

2019 SEP -3 PM 12:38

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Insurance Management Corp
DOCUMENT NUMBER: P 97000067849

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mitchell Grudin
Name of Contact Person
Insurance Management
Firm/ Company
2727 Eleanor Way
Address
Wellington FL 33414
City/ State and Zip Code
IMCGRUDIN@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell Grudin at (954) 288-5499
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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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 Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Insurance Management Corp
(Name of Corporation as currently filed with the Florida Dept. of State)

P97000067849
(Document Number of Corporation (if known))

FILED

2:08

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:

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)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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

Annette Grudin

2727 Eleanor Way
(Florida street address)

New Registered Office Address:

Wellington
(City)

Florida

33414
(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.

X Annette Grudin
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)

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.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S/D</u>	<u>Mitchell Grudin</u>	<u>2727 Eleanor Way</u> <u>Wellington FL 33414</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>R</u>	<u>Annette Grudin</u>	<u>2727 Eleanor Way</u> <u>Wellington FL 33414</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Rayven Grudin</u>	<u>2727 Eleanor Way</u> <u>Wellington FL 33414</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Rayven Grudin</u>	<u>2727 Eleanor Way</u> <u>Wellington FL 33414</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>R</u>	<u>Mitchell Grudin</u>	<u>2727 Eleanor Way</u> <u>Wellington FL 33414</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

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 not be listed as the document's effective date on the Department of State's records.

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.

Dated

8/28/19

Signature

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – or in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mitchell Grudin

(Typed or printed name of person signing)

Director - Secretary

(Title of person signing)