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.

(((H20000147873 3)))



H200001478733ABC%

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 : STOLZENBERG, GELLES & FLYNN, LLP

Account Number : I20100000018

Fax Number

: (305)961-1450 : (305)423-3979

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

Email Address: gwasserman@wexlerinsurance.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN WEXLER INSURANCE AGENCY INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

Electronic Filing Menu — Corporate Filing Menu

Help

## Articles of Amendment to Articles of Incorporation of

WEXLER INSURA	NCE AGENCY INC		
(Name of Corporation as current)	ly filed with the Florida Dept. of State)	<del></del> .	
3348	355		
(Document Number o	f Corporation (if known)	-	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	amendme	ent(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc." or "Co",  "chartered," "professional association," or the abbreviation "P.A."	A professional carporation name must contain		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2014A: 2038
D. If we did not be a sixtened about and a second of Good and a	In a control of the c	19 AH	ELAY OF A COME
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		÷.	550
Name of New Registered Agent		. r 2	ATION
(Florida su	reet address)		,
New Registered Office Address:	, Florida_		
	(City) (Zip C	ode)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar			
Signature of New R	Registered Agent, if changing		
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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:

X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	V Mike	· Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_DIR	WEXLER, MICHAEL J	7970 S.W. 145TH ST.
Add			MIAMI, EL
<u>X</u> Remove			
2) _x_ Change	$\underline{VP, AS, D}$	WASSERMAN, GARY J	1120 PONCE DE LEON BLVD
Add			CORAL GABLES, FL 33134
Remove 3 ) _x Change	PST, D	WEXLER, STEVEN M.	1120 PONCE DE LEON BLYD
Add			CORAL GABLES, FL 33134
Remove			<del>-</del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
(Attach additional sneets, if necessary). The 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) a date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> : <u>Ja</u>	nuary 1, 2020 (no more than 90 days afte	r amendment file date)
Note: If the date inserted in this bedocument's effective date on the De		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of di	rectors without shareholder action and shareholder
∑ The amendment(s) was/were added by the shareholders was/were such as the shareholders was/were such as the shareholders.  ∑ The amendment(s) was/were added to the shareholders.  ∑ The amendment(s) was/were such as th	pted by the shareholders. The number officient for approval.	of votes cast for the amendment(s)
	proved by the shareholders through voting each voting group entitled to vote separ	
"The number of votes cast	for the amendment(s) was/were sufficie	nt for approval
by	(voting group)	·``
Dated <u> <b>05/19/20</b></u>	0	
selecte	irector, president or other officer – if dir.  J. by an incorporator – if in the hands of tiduciary by that fiduciary)	
	Gary Wasserman (Typed or printed name of p	erson signing)
	Vice President/ Assistant Secretary (Title of person signing)	/ Director