430472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

EM
12/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amedex Insurance Company
(Name of Corporation)

DOCUMENT NUMBER: 430472

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francisco Lopez-Preusse
(Name of Person)

Amedex Insurance Company
(Name of Firm/Company)

7001 SW 97th Avenue
(Address)

Miami, Florida 33173
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Anil at (305) 275-1539
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Charlene Roderman, hereby resign as Director (Title)

of BUPA Insurance Company (Name of Corporation)

430472 (Document Number, if known), a corporation organized under the laws of the State of Florida.

Charlene Roderman
(Signature of resigning officer/director)

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07 DEC 20 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314