

F110000002886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

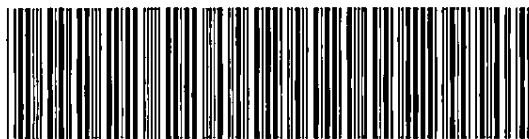
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S TALLENT  
SEP 19 2017

FILED  
17 SEP 13 AM 9:41  
RECEIVED  
CLERK OF COURT

Foreign  
Profit  
Amendment

17 SEP 13 AM 10:56  
RECEIVED  
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2017

**RESUBMIT**

Please give original  
submission date as file date.

CORPORATION SERVICE COMPANY  
PERSONABLE GENERAL INSURANCE AGENCY, INC.

SUBJECT: PERSONABLE GENERAL INSURANCE AGENCY, INC.  
Ref. Number: F11000002886

We have received your document for PERSONABLE GENERAL INSURANCE AGENCY, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE #4 ON THE AMENDMENT FORM TO PROVIDE A DATE.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 417A00018770

17 SEP 19 PM 4:24

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 791004 7637107

AUTHORIZATION :

COST LIMIT : \$52.50

ORDER DATE : August 30, 2017

ORDER TIME : 9:12 AM

ORDER NO. : 791004-010

CUSTOMER NO: 7637107

FOREIGN FILINGS

NAME: PERSONABLE GENERAL INSURANCE  
AGENCY, INC

XXX CORPORATE  
      LIMITED PARTNERSHIP  
      LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY  
      PLAIN STAMPED COPY  
XXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Personable General Insurance Agency, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F11000002886

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Val Stiefel

Name of Contact Person

Confie Seguros Holding II Co.

Firm/Company

7711 Center Avenue, Suite 200

Address

Huntington Beach, CA 92647

City/State and Zip Code

val.stiefel@confie.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Val Stiefel

Name of Contact Person

at ( 714 ) 252-2645  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☐

\$43.75 Filing Fee &  
Certificate of Status

☐

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒

\$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

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F11000002886

(Document number of corporation (if known))

1. Personable General Insurance Agency, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. California

(Incorporated under laws of)

3. July 14, 2011

(Date authorized to do business in Florida)

FILED  
17 SEP 13 AM 9:41  
TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 8/30/2017

5. All Star General Insurance Agency, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

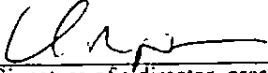
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Carol R. Newman

(Typed or printed name of person signing)

General Counsel & Corp. Secretary

(Title of person signing)

A0802330



**Secretary of State  
Certificate of Amendment of  
Articles of Incorporation  
Name Change Only - Stock**

AMDT-  
STK-NA

**FILED**  
Secretary of State  
State of California

AUG 30 2017

This Space For Office Use Only

**IMPORTANT** — Read Instructions before completing this form.

Filing Fee — \$30.00

Copy Fees — First Page \$1.00 & .50 for each attachment page;  
Certification Fee — \$5.00

1. **Corporation Name** (Enter the exact name of the corporation as it currently is recorded with the California Secretary of State.)

Personable General Insurance Agency, Inc.

2. **7-Digit Secretary of State File Number**

C3380847

3. **New Corporation Name**

Item 3a: Enter the number, letter or other designation assigned to the provision in the Articles of Incorporation being amended (e.g., "1" "First" or "A"). See Instructions if the provision in the Articles of Incorporation being amended does not include a number, letter, or other designation. Any attachment is made part of this document.

Item 3b: Enter the new corporate name.

3a. Article I of the Articles of Incorporation is amended to read as shown in Item 3b below:

3b. The name of the corporation is All Star General Insurance Agency, Inc.

4. **Approval Statements**

4a. The Board of Directors has approved the amendment of the Articles of Incorporation.

4b. Shareholder approval was (check one):

☒ By the required vote of shareholders in accordance with California Corporations Code section 902. The total number of outstanding shares of the corporation is 1,000. The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than 50%.

☐ Not required because the corporation has no outstanding shares.

5. **Read, sign and date below** (See instructions for signature requirements. Note: Both lines must be signed.)

We declare under penalty of perjury under the laws of the State of California that the matters set forth herein are true and correct of our own knowledge and we are authorized by California law to sign.

8/28/2017  
Date

Signature

Martin Rothberg  
Type or Print Name of President

8/28/2017  
Date

Signature

Carol R. Newman  
Type or Print Name of Secretary



I hereby certify that the foregoing  
transcript of \_\_\_\_\_ page(s)  
is a full, true and correct copy of the  
original record in the custody of the  
California Secretary of State's office

SEP 05 2007

*just*

Date: \_\_\_\_\_

*Alex Padilla*

ALEX PADILLA, Secretary of State