

INSURANCE PLUS

INSURANCE PLUS
6850 CoralWay #201 Miami, Fl

Phone:(305) 662-8484
FAX: (305) 662-8388
e-mail:

J05015

Monday, May 8, 2000

State Of Florida
Division of Corporations

To Whom It May Concern:

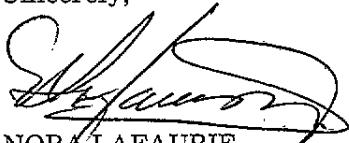
This is to request the change of article I and article II (name and address) of the corporation to read:

Insurance Plus, Inc.
6850 Coral Way Suite 201 Miami, Florida 33155
Tel(s) (305) 662-8484 and (305)971-5556.

Please send me copy of the amendment.

If you need any additional information, please contact me at (305) 971-5556 or (305) 662-8484 or to the above mentioned address.

Sincerely,


NORA LAFAURIE

500003248445--8

-05/11/00--01070--001

*****43.75 *****43.75

FILED
00 SEP 27 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

T. LEWIS SEP 27 2000

Insurance Plus Associates, Inc.

6850 Coral Way Suite # 201 Miami, Florida 33155

Florida Dept. of State
Division Of Corporations
PO Box 6327 Tallahassee,

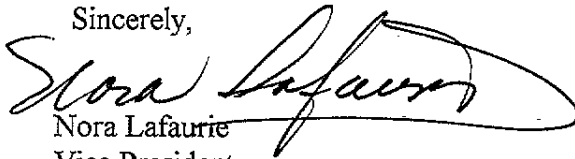
Ref. Number J05015

You have returned this document due to the reason exposed on your letter, but when I contacted you it was explained to me that the name would be available in September,

Here I'm returning in the paper in order for you to consider the change of the corporation name.

If you need any further information, please do not hesitate to contact us at (305) 662-8484 or to the above mentioned address.

Sincerely,


Nora Lafaurie
Vice President.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 24, 2000

NORA LAFAURIE
INSURANCE PLUS, INC.
6850 CORAL WAY, SUITE 201
MIAMI, FL 33155

SUBJECT: INSURANCE PLUS ASSOCIATES, INC.
Ref. Number: J05015

We have received your document for INSURANCE PLUS ASSOCIATES, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The date of adoption of each amendment must be included in the document.

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

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) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 100A00029515

DIVISION OF CORPORATIONS

00 SEP 11 AM 9:35

RECEIVED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

FILED
00 SEP 27 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INSURANCE PLUS ASSOCIATES, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

Article:

I- INSURANCE PLUS, INC

*II- 6850 Coral Way Suite 201
Miami, FL 33155.*

SECOND: 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, are as follows:

THIRD: The date of each amendment's adoption: May 3rd 2,000.

FOURTH: Adoption of Amendment(s) (CHECK ONE)

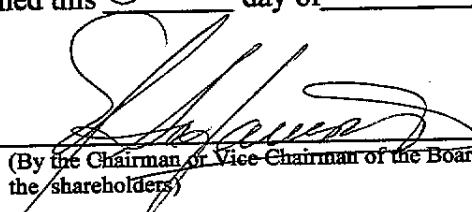
- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled 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.

Signed this 3rd day of May, 2000.

Signature


(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

NORA L. LAFAURIE
Typed or printed name

Vice - President / Director
Title