

PO10000104061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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FILED  
2010 FEB -8 AM 18:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*APR 21 8 10*

\*00789, 01168, 00707, 00524, 00671

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Allway Insurance Services Inc.

DOCUMENT NUMBER: PO1000104061

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

Please return all correspondence concerning this matter to the following:

ILCA Pereyra  
Name of Contact Person

\_\_\_\_\_  
Firm/ Company

9909 N. Florida Ave.  
Address

Tampa, FL 33612  
City/ State and Zip Code

Allway@Hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ILCA Pereyra at (813) 936-5977  
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:

☐ \$35 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2010

Ilca L. Pereyra  
Allway Insurance Services Inc.  
9909 N. Florida Ave  
Tampa, FL 33612

SUBJECT: ALLWAY INSURANCE SERVICES, INC.  
Ref. Number: P01000104061

We have received your document for ALLWAY INSURANCE SERVICES, INC. and your check(s) totaling \$49.00. 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.

The name of your corporation is already listed as Allway Insurance Services, Inc. Are you trying to change the name of the corporation to St. Michael's Insurance & Services? If so please put the "current" name of the corporation (Allway Insurance Services, Inc.) at the top of page 1 under Articles of Amendment to Articles of Incorporation. Then put the new name St. Michael's Insurance & Services in paragraph A which states "if amending name enter the new name of the corporation". The new name must have a corporate suffix such as Inc, Incorporated, Corp, Corporation, Company or Co.

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) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 210A00002326

RECEIVED  
2010 FEB -8 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Allway Insurance Services Inc.

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

P01000104061

(Document Number of Corporation (if known))

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)

9909 N. Florida Ave.  
Tampa, FL  
33612

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:

Carmen Damaris Garcias

New Registered Office Address:

9909 N. Florida Ave.

(Florida street address)

Tampa

(City)

FL, Florida

(Zip Code)

33612

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.

Carmen garcias  
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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Erika M. Perez	9909 N. Florida TAMPA, FL 33612	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**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)*

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The date of each amendment(s) adoption: 1-19-2010  
(date of adoption is required)  
Effective date if applicable: 1-20-2010  
(no more than 90 days after amendment file date)

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 1-19-2010

Signature

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

ILCA Pereyra  
(Typed or printed name of person signing)

PO  
(Title of person signing)