Division of Corporations

# ) 000 / The state of

#### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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.

(((H02000173510 7)))

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)205-0380

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone

: (305)634-3694

Fax Number

: (305) 633-9696

#### **BASIC AMENDMENT**

I.D. INSURANCE GROUP, INC.

The contract of the contract o	
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35,00

7/30/02 10:08 AM

Lof2

Z0.4



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 30, 2002

I.D. INSURANCE GROUP, INC. 1738 SW 57 AVE MIAMI, FL 33155

SUBJECT: I.D. INSURANCE GROUP, INC.

REF: P01000117171

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6880.

Karen Gibson Corporate Specialist FAX Aud. #: H02000173510 Letter Number: 102A00045934

## H0,2000173510



#### ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

I.D. INSURANCE GROUP, INC.



P01000117171
DOCUMENT NUMBER OF CORPORATION

\_\_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 V –DANIEL ALMAZAN – PRESIDENT/SEC/TREASURER 1738 SW 57 AVE MIAMI. FL. 33155

ARTICLE IV – REGISTERED AGENT CHANGED DANIEL ALMAZAN 1738 SW 57 AVE 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:

PREPARED BY: SHIRLEY ALMAZAN 10477 SW 40 ST. MIAMI, FL 33165 305-227-0378

# HOZU00173510

THIRD: The date of each amendment's adoption:	07/29/02
FOURTH: Adoption of Amendment(s)	
☐ The amendment was/were approved by the shareho	olders. The number of votes
cast for the amendment(s) was/were sufficient for a	
☐ The amendment was/were approved by the shareho The following statement must be separately provide entitled to vote separately on the amendment: "Th	ed for each voting group
amendment was/were sufficient for approval by	e number of votes cast for the
☐ The amendment was/were adopted by the hoard of action and shareholder action was not required.	directors without shareholder
The amendment was/were adopted by the incorpora action and shareholder action was not required.	ators without shareholder
Signed this 29 day of	, <i>2002</i> .
Signature au Pemarau	
DANIEL ALMATAN OT	· - · · · · · · · · · · · · · · · · · ·
(By a director if adopted by the direc	tors)
Or	
(By an incorporator if adopted by the inco DANIEL ALMAZAN	orporators
NAME	
INCORPORATOR	
ALT O DELL CANAL VIC	

H02000173510

### HO2 000173510

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

T.D. Insurance Geoup, Inc.
(Name of Corporation)

## DANIEL ALMAZAN

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

HO2000 173510