

P02 000101172

Florida Department of State
Division of Corporations
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.

((H13000229156 3)))



H130002291563ABC\$

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) 617-6380

From:

Account Name : ELIZABETH BELLO P.A.
Account Number : I20110000066
Phone : (305) 764-3800
Fax Number : (305) 764-3801

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
Email Address: elizabeth@labellolaw.com

RECEIVED

13 OCT 15 PM 1:49

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
BELLO INSURANCE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

N/C

Electronic Filing Menu

Corporate Filing Menu

Help

10/15/13 DC

Elizabeth Bello, P.A.

Attorney at Law

200 Crandon Blvd. Unit 313

Key Biscayne FL 33149

Phone 305-361-2944

Elizabeth@eabellolaw.com

TO: Florida Division of Corporations

CC: _____

PHONE: _____

FAX: 1-850-617-6380

FROM: Elizabeth Bello

DATE: October 14, 2013

RE: Articles of Amendment

OF PAGES: 6 (including cover pg)

Attached please find Articles of Amendment. Sunbiz e-file account is I20110000066

RECEIVED
13 OCT 14 PM 2:56
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CONFIDENTIALITY NOTICE: This email transmission and its attachments may contain information that is confidential or legally privileged. If you are not the intended recipient, or a person responsible for delivering this message to the intended recipient, you are hereby notified that any disclosure, copying, printing, or distribution or use of any of the information contained in or attached to this facsimile is **STRICTLY PROHIBITED**. If you have received this transmission in error, please immediately notify the sender by calling (305) 764-3800 and please destroy the facsimile and its attachments. Thank you.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bello Insurance, Inc.

DOCUMENT NUMBER: P02000101172

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

Please return all correspondence concerning this matter to the following:

Elizabeth Bello

Name of Contact Person

Elizabeth Bello PA

Firm/ Company

200 Crandon Blvd Unit 313

Address

Key Biscayne FL 33149

City/ State and Zip Code

elizabeth@eabellolaw.com

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

For further information concerning this matter, please call:

Elizabeth Bello

Name of Contact Person

at 305 361-2944

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)

E-File
account

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
13 OCT 15 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL 32310

Bello Insurance Inc.

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

P02000101172

(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:

Waterview Insurance, Inc.

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)

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

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

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.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

[illegible][illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 October 2, 2013

Signature Hilda M. Belb

(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)

Hilda M. Belb
(Typed or printed name of person signing)

President
(Title of person signing)