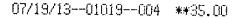
P03000035557

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C. LEWIS
JUL 23 2013
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Alpha & Omega Insurance of habes INC DOCUMENT NUMBER: P03000035557
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mayra & Perez
Name of Contact Person
12355 Collier Blvd. Ste B. Papes Fl. 34116
Address Vables Florida 34116 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mayra 6. Parez at (239) 7750804 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed) \$35 Filing Fee 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

Articles of Amendment to Articles of Incorporation

Article	es of Incorporation		_	
Alpha & O		surance o	- Nape	os J
(Name of Corporation as currently filed wi	<u>th the Florida Dept. o</u>	of State)	1	
P 03 000	50 35 <u>5</u>	57		
(Document Number of Corpo	ration (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this <i>Florida Profit</i>	Corporation adopts the f	ollowing amend	ment(s) to
A. If amending name, enter the new name of the corpora	tion:			
			The n	T/134)
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc. word "chartered," "professional association," or the abbrev	e." or "Co". A profe	;," or "incorporated" or essional corporation nam	r the abbreviati e must contain i	ion the
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRESS</u>	E)		ZS 1	
				
				П
C. Enter new mailing address, if applicable:			19 SSI SSI	
(Mailing address MAY BE A POST OFFICE BOX)				m
			F[0]	D
			<u> </u>	
			<u> </u>	
D. If amending the registered agent and/or registered off		, enter the name of the		
new registered agent and/or the new registered office	address:			
Name of New Registered Agent	···			
	lorida street address)			
New Registered Office Address:		. Florida		
New Registered Office Address.	(City)	Zip C	Code)	
New Registered Agent's Signature, if changing Registered			•.•	
I hereby accept the appointment as registered agent. I am fo	атинаг with and ассер	n the obligations of the po	OSHION.	
	··			
Signature of New Reg	jistered Agent, if chang	ging		

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 <math>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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>V</u>	Virginia Valdespino	12355 Collier Blad Ste B.
_ X _ Add		·	Ste B.
Remove			Naples FL 3411
2) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3) Change			
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)	<u></u> -	
			
, 1 to 1 t			
			
	· · · · · · · · · · · · · · · · · · ·		
If an amendment provides for an exch	ange, reclassification	, or cancellation of is	sued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contair	ned in the amendmen	t itself:
·0\0			
114			
		 	
			· · · · · -

The date of each amendment(s) adoption:	
date this document was signed.	19 100
Effective date if applicable:	290 days after omendment file da SECRETARY 6
(monoc mai	90 days after amendment file da PALLAHASSEE, FLORIDA
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders to must be separately provided for each voting group entitled	
"The number of votes east for the amendment(s) was/	vere sufficient for approval
by(voting group)	<u>.</u>
(voting group)	
The amendment(s) was/were adopted by the board of direct action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators vaction was not required.	rithout shareholder action and shareholder
Dated	
Signature (D)	flicer – if directors or officers have not been
	the hands of a receiver, trustee, or other court
May	or printed name of person signing)
Pa	esident

(Title of person signing)