Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (859)617-6389

From:
Account Name : KIM MARKS CPA
Account Number : 120120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

#Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

COR AMNU/RESTATE CORRECT OR O/D RESIGN C&C INSURANCE EAST, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

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Articles	of Incorporation	7 966
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C&C INSURANCE EAST, INC.		7. 7.
(Name of Corporation as cu	xently Wed with the Florida D	ept. of State)
P03000085547		~~~
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	 	
MARKER INSURANCE, INC.		
	and a management of the state o	The new
name must be distinguishable and contain the word "corp." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc., word "chartered," "professional association," or the abbrevia	or "Co". A professional corp	rporatea" or the aboreviation oration name must contain the
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 offic	n address in Marida enter the	same of the
new registered agent and/or the new registered office as	dress:	name of the
Many of May Danistan of Asia		
Name of New Registered Agent		
(Plot	ida street address) 	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
·		
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fan	unar with and accept the obligat	ions of the position.
Signature of	New Registered Agent, if changir	9
U.B. (MINI C S)	The state of the s	
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If amending the Officer address of each Officer (Attach additional theets, Please note the officer/dit P = Prasident; Y = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, Y as Remove Example:	and/or D if necess rector titl President = Chief I r, Directe in the fo	lirector beary) le by the file for Tree Financial for would it llowing me orporation	eing add irst letter asurer; S Officer. be PTD. anner. C n, Sally S	ed: of the offi Secretai If an offic Currently J Smith is na	ce title: y; D= Director; 1 er/director holds i ohn Doe is listed d	"R= Trui nore tha is the PS	stee; n one T and	C = Chairman tile, list the f Mike Jones ts	or Clerk; CEO Irst letter of ea listed as the V.	= Chief ch offlos There is
X Change	PI	John Do	<u>)ç</u>	•	,					
X Remove	Ã	Mike Io	<u> 1185</u>							
X Add	<u>sv</u>	Sally St	n <u>ith</u>							
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E. If smending or adding additions) Articles, enter change (Attach additional sheets, if necessary). (Be specific)	(e) here:	
N/A		
4-314-34		
		. 1
F. If an amendment provides for an exchange, reclassifical provisions for implementing the amendment if not con (if not applicable, indicate N/A) N/A	tion, or cancellation of issued stained in the amendment itself:	ares,

Page 3 of 4

1/22/2016 14:41 3058	9 58273	1	t	PAGE	05/07
The date of each amendment(s) a date this document was signed.	doption:		i i	other than	the
Effective date if applicable:	(no more than	90 days after omendment file de	(a)		
Note: If the date inserted in this is document's effective date on the De			ents, this date will not	be listed as	the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were ad by the shareholders was/were st		no number of votes cast for the a	mendment(s)		
☐ The amendment(a) was/were ap must be separately provided for		 hrough voting groups. The follow to vote separately on the amends 			
	for the amendment(s) was/v	1			
by	(voting group)				
	(vointe group)				
 ■ The amendment(s) was/were ad action was not required. □ The amendment(s) was/were ad action was not required. 			,		
•	,•				
January 22 Dated	2016				
Signature_					
(By a		fficer – if directors or officers hat the hands of a receiver, trustee, y)			
V	KIM BEN-SHALOM				
	(Typed or print	ed name of person signing)		· · · · · ·	
	PRESIDENT				
	(Ti	le of person signing)			
		,			
		Page 4 of 4			

AFFIDAVIT ARTICLES OF DISSOLUTION

MARKER INSURANCE INC P15000049366

I, Kim Ben-Shalom the incorporator of the above referenced company, affirm that I will NOT reinstate this company

January 13, 2016