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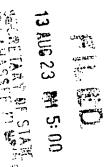
(Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: A-Deli	able Insuranc	e Corp.				
DOCUMENT NUMBER: POY 6000 33 046							
The enclosed Articles of	Amendment and fee are su	bmitted for filing.					
Please return all correspo	ondence concerning this ma	tter to the following:					
_	Hilcla Umpierce Name of Contact Person						
	A	Reliable Toru	trance Curp.				
	50 Wilson Blyd 5#9						
_		Paples IT 3 City/ State and Zip Cod	34117 c				
<u></u>	Fedwahild E-mail address: (10 be us	a D Smull. Co	notification)				
For further information c	oncerning this matter, pleas	se call:					
Hild Name of	Q UM PICTYE Contact Person	at (239 Arca Co	de & Daytime Telephone Number				
Enclosed is a check for the		payable to the Florida Depa					
\$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)				
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, 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

	of	
A-Peliable Tosur	rance Corp.	
(Name of Corporation as currently filed with	the Florida Dept. of State)	
(Document Number of Corporat	.ion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the follow	wing amendment(s)
A. If amending name, enter the new name of the corporatio	on:	
nia		The nosc
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered." "professional association." or the abbrevia	or "Co". A professional corporation name m	abbreviation ust contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	010	
(Maries Maries M		声
	3	遺言類
		23 P
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		宝 圣 189
	1.0	i i i
Name of New Registered Agent	1()	
	ida street address)	8"
New Registered Office Address:		
	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent. I am fami		n.
Signature of New Registe	rred 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: 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)	Title	Name	<u>Addres</u> s
1) Change Add	<u>S</u>	Hilda E. Umpierre	1740 Birdie Dr. Naples 192 34120
Remove			
2) Change Add	P	Ramon Umpjerre	1740 Brolle Dr. Naples FU 34120
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

(Attach	ding or adding add additional sheets, if	necessary). (Be	specific)	icic.		
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. <u>Ifan ai</u>	nendment provide	s for an exchange,	reclassification.	or cancellation	of issued shares,	
<u>provis</u> (<i>i)</i>	ions for implement not applicable, ind	ing the amendmenicate N/A)	nt it not contain	<u>ed in the amendr</u>	nent itseir:	
		WA				
•						
			· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adopti	on:	8 21	13	***			
ffective date <u>if applicable</u> : 8 2113							
(no more than 90 days after amendment file date)							
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			ti T			
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		l'he numt	ber of v	otes east for the amo	endment(s)		
☐ The amendment(s) was/were approve must be separately provided for each							
"The number of votes cast for the		vere suff	icient f	or approval			
by	(voting group)						
The amendment(s) was/were adopted action was not required.	by the board of director	ors witho	out shar	reholder action and s	hareholder		
☐ The amendment(s) was/were adopted action was not required.	by the incorporators w	vithout sh	narehol	der action and share	holder		
Dated8	a1113		-				
(By a direct selected, by	or, president or other of an incorporator — if in iduciary by that fiduciary	officer — i the hanc					
	Hilch U	mpieri	دو.				
(Typed or printed name of person signing)							
	<u> </u>						
	(Title of per						