# P040001415977

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THE SERVICE

Jun 25 2015

I ALBRITTON

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ALL INSURANCE SERVICES CORP				
<b>DOCUMENT NUMBER:</b> P04000141597				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concernir	ng this matter to the following:			
INES J FERNAND	EZ			
· · · · · · · · · · · · · · · · · · ·	Name of Contact Person			
ALL INSURANCE	SERVICES CORP			
	Firm/ Company			
1548 W 37 ST				
<del></del>	Address			
HIALEAH FL 330	12			
<del></del>	City/ State and Zip Code			
JFERNANDEZ@AISRV	ссом			
E-mail address	: (to be used for future annual report notification)			
For further information concerning this ma	atter, please call:			
INES J FERNANDEZ	205 922 4472			
	at (305 822-4472			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount	unt made payable to the Florida Department of State:			
□ \$35 Filing Fee ■\$43.75 Filing Certificate o				
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle			

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 15, 2015

INES J. FERNANDEZ ALL INSURANCE SERVICES CORP. 1548 W 37 ST HIALEAH, FL 33012

SUBJECT: ALL INSURANCE SERVICES CORP.

Ref. Number: P04000141597

We have received your document for ALL INSURANCE SERVICES CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the document.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 015A00012518

### Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)  L INSURANCE SERVICES CORP  (Document Number of Corporation (if known)  suant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(articles of Incorporation:  If amending name, enter the new name of the corporation:  The new must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation up.," "Inc." or "Co." or the designation "Corp." "Inc." or "Co." A professional corporation name must contain the d'chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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)  (Zip Code)	(N		lad with the Floride De	at of State)	
(Document Number of Corporation (if known)  sound to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(Articles of Incorporation:  If amending name, enter the new name of the corporation:  The new must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation up.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the d' chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Incipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  , Florida	· · · · · · · · · · · · · · · · · · ·	Tation as currently in	Den 11 (1 - Co	ept. of State)	
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/ Registered Agent's Signature if changing Registered Agent			n and accept the obligati	ons of the position.	
v Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		J	4		
v Registered Agent's Signature, if changing Registered Agent:  reby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.					
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reby accept the appointment us registered agent. I am familiar with and accept the obligations of the position.	S	fignature of New Reg	istered Agent, if changin	g	

# 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JUAN C RUIZ	1548 W 37 ST
Add X Remove			HIALEAH FL 33012
2) Change	<u> </u>	_	
Add			
Remove			
3) Change			
Add			
Remove		·	
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Demosie			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
1000	
if an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendmen		, if other than the
date this document was signed	06/02/2015	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	le will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.	)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholde	г
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
06/0 Dated	)2/2015	
Signature_		
( <b>I</b>	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other cour ppointed fiduciary by that fiduciary)	t
	INES J FERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	