

PO4000168864

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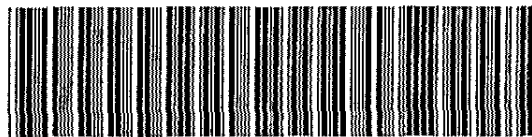
(Business Entity Name)

(Document Number)

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FILED
05 MAR 21 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INSURANCE PROVIDER AGENCY, INC.

DOCUMENT NUMBER: P04000168864

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

Please return all correspondence concerning this matter to the following:

Michael William Skop, Esq.

(Name of Contact Person)

Michael William Skop, P.A.

(Firm/ Company)

12865 West Dixie Highway

(Address)

North Miami, Florida 33161

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Michael Skop

(Name of Contact Person)

at (305)

899-8588

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

INSURANCE PROVIDER AGENCY, INC.

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

P04000168864

(Document number of corporation (if known))

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

1. Samira Morales is to be removed as Registered Agent. Michael William Skop, Esq. is added as the
Registered Agent, 12865 West Dixie Highway, North Miami, FL 33161. I am familiar with the obligations
of being the Registered Agent.


Michael William Skop

2. Add Hamid Goodarzi as the President of the company. His address is 18391 N.W. 27th Avenue,
Miami, FL 33056.

3. Add Samira Morales as Secretary of the company. Her address is 4239 W. Commercial Blvd.,
Tamarac, FL 33319.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 3/17/05

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved 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.

Signed this 17 day of March, 2005

Signature _____

(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)

Samira Morales

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE: \$35