

P05000000040

MIC SERVICES
8062 W. Sample Road
CORASPS FL 33065



400053674594

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Amend.
T. Lewis

FILED
05 JUN 17 PM 14:32
TALLAHASSEE, FL

05/16/05--01016--001 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: mortgages and Insurance Center Inc

DOCUMENT NUMBER: PO-5000000040

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

Please return all correspondence concerning this matter to the following:

Lissa Casamayor
(Name of Contact Person)

mortgages and Insurance Center Inc
(Firm/ Company)

8062 W. Sample Road
(Address)

coral GPs FL 33065
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Lissa Casamayor at (954) 818-5825
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 3, 2005

MORTGAGES AND INSURANCE CENTER SERVICES INC.
% LISSA CASAMAYOURET
8062 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

SUBJECT: MORTGAGES AND INSURANCE CENTER SERVICES INC.
Ref. Number: P05000000040

We have received your document for MORTGAGES AND INSURANCE CENTER SERVICES INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

You can make all your changes on the amendment form. Both pages will need to be completed.

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) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 605A00039554

RECEIVED
JUN 15 PM 8:00
OFFICE OF THE SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 23, 2005

MIC SERVICES
8062 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

SUBJECT: MORTGAGES AND INSURANCE CENTER SERVICES INC.
Ref. Number: P05000000040

We have received your document for MORTGAGES AND INSURANCE CENTER SERVICES INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 905A00036832

Articles of Amendment
to
Articles of Incorporation
of

mortgages and insurance center services inc
(Name of corporation as currently filed with the Florida Dept. of State)

PO500000040

(Document number of corporation (if known))

FILED
05 JUN 16 PM 4:32
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)**

new registered agent Lissa Casamayor
old agent name Mikela Casamayor

Delete Stephanie Segura. No longer with company.

(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)

The date of each amendment(s) adoption: 5-3-05

Effective date if applicable: 5-3-05
(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 14 day of June 2005.

Signature Lissa Casamayor
(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)

Lissa Casamayor
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mortgages and Insurance Center Services
2. The principal office address: 8062 W. Sample Road.
Coral SpS FL 33065
3. The mailing address (if different): _____

- same
4. Date of incorporation/qualification: 1-1-05 Document number: PO-5000000040

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Mikela Casamayouret
8062 W. Sample Road
Coral SpS FL 33065

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lissa Casamayouret
8062 W. Sample Road
(P.O. Box NOT acceptable)
Coral SpS FL 33065

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Lissa Casamayouret
(Signature of an officer or director)

Lissa Casamayouret
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lissa Casamayouret
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314