P05000140866

(Requestor's Name)

(Address)

(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

600088007696

02/14/07--01015--017 **43.75

FILED
07 FEB 28 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
Org
3/2

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2007

LILIANA MONTOYA
INSURANCE PLUS CENTRAL INC.
426 SW 8 STREET - SUITE #7
MIAMI, FL 33130

SUBJECT: INSURANCE PLUS CENTRAL INC.
Ref. Number: P05000140866

We have received your document for INSURANCE PLUS CENTRAL INC. and your check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone.

The date of adoption of each amendment must be included in 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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 307A00011693

RECEIVED
07 FEB 28 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INSURANCE PLUS CENTRAL, INC

DOCUMENT NUMBER: P05000140866

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

Please return all correspondence concerning this matter to the following:

Liliana Montoya
(Name of Contact Person)

Insurance Plus Central, Inc
(Firm/ Company)

426 S.W. 8 Street Suite #7
(Address)

Miami FL 33130
(City/ State and Zip Code)

For further information concerning this matter, please call:

Liliana Montoya at (305) 860-2973
(Name of Contact Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Insurance Plus Central Inc.

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

P05000140866

(Document number of corporation (if known)

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

FILED
07 FEB 28 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW CORPORATE NAME (if changing):

SKYLINE INSURANCE AGENCY, INC

(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)

(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: February 14/07

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.

Signature Liliana Montoya
(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)

Liliana Montoya
(Typed or printed name of person signing)

Owner / President
(Title of person signing)

FILING FEE: $35