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S. HAWKES

AUG - 2012

EXAMINER

COVED LETTER
COVER LETTER
TO: Amendment Section Division of Corporations THE Zubero Trisurance Group II, Inc. NAME OF CORPORATION: Hapital Tusurance Inc.
(1/21) 1/ 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
NAME OF CORPORATION: HOUTE INSURHIUCE LICE
DOCUMENT NUMBER: FOODO/27/88
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mayte RODRIQUEZ
Name of Contact Person
Firm/ Company
- 9825 MARINA BIUD #100
Address
Address Bold Raton, FL 33428 City/ State and Zip Code
City/ State and Zip Code
Mayte. Rodriguez (a Comcast. Net
E-mail andress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mayte RODRIGUEZ at 50/, 206-6603
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup\$\$43.75 Filing Fee & \$\Bigcup\$\$43.75 Filing Fee & \$\Bigcup\$\$52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status
(Additional copy is Certified Copy
enclosed) (Additional Copy is enclosed)
·
Mailing Address Street Address
Amendment Section Amendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to ·

Articles of Incorporation
the Zubero InsurANCE Group II, mc
(Name of Corporation as currently filed with the Florida Dept. of State)
<u> </u>
. (Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
KAPITAL INSURANCE INC. The, new
name must be dislinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
- Marine Son Son
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
HAN DENTOST OFFICE BON
D. 16 and the second and the second and the second offer address in Florida and other name of the
D. 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:
N. CN. D. M. J.A.
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered 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	-1 C - 53	
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>	Address	
1) Change Add Remove				
2) Change Add Remove				
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove		_		

If amending or adding additional Artication and attach additional sheets, if necessary).	(Be specific)	-
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		-
		-
		_
	O. W.	-
	M	_
	7	-

, The date of each amendment(s) ad	loption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
☐ The amendment(s) was/were appropriately provided for a	roved by the shareholders through voting groups. The following statements of each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	oted by the incorporators without shareholder action and shareholder
action was not required.	
Dated	19/10
(
Signature	TAME TO STATE OF THE STATE OF T
	rector, president or other officer - if directors or officers have not been object or other officer - if directors or officers have not been object or other court
	ed fiduciary by that fiduciary)
_	MAYTE RODRIGUEZ
	(Typed or printed name of person signing)
_	PRESIDENT
_	(Title of person signing)