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CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DO	CUMENT NUMBER(S), (if known):
1. Covears.	INSURANCE SERVICES
(Corporation Name)	(Document #)
$_{2}$ $\mathcal{O}\mathcal{A}$	
(Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time	e 2 66
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NEW FILINGS	<u>AMENDMENTS</u>
Profit	Amendment
☐ Not for Profit ☐ Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
☐ Fictitious Name	Limited Partnership
	Reinstatement Trademark
	Other
CR2E031(7/97)	Examiner's Initials

Articles of Amendment

to

Articles of Incorporation

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CONCORD INSURANCE SERVICES CORP.

(Name of Corporation as currently filed with the Florida Dept. 21 State 14 PM 1: 54

P07	000007766	SECRETARY OF STATE
(Document Nun	nber of Corporation (if kno	wn) TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation adopts the following
A. If amending name, enter the new name of	f the corporation:	
		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc	c," or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
Trucipui office uturess <u>MOST DE A STREE</u>	1 <u>ADDICESS</u>)	
	-	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
(Mauing unaress MAI BE A FOST OFFI	<u></u>	
	-	
D. If amending the registered agent and/or r		n Florida, enter the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changi	ng Registered Agent:	
hereby accept the appointment as registered a		and accept the obligations of the position.
	Signature of New Registered	d 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	DE LOS SANTOS, RICHAE	PO BOX 770956 MIAMI FL 33177	
<u>S</u>	DE LOS SANTOS, JUAN C	2450 SW 137TH AVE MIAMI FLORIDA 33187	
	,		
	ng or adding additional Articles, enter		
	endment provides for an exchange, re- ns for implementing the amendment if		
	t applicable, indicate N/A)		
		,	

The date of each amendment(s) adoption: 02/28/2011				
Effective date <u>if applicable</u> :	02/28/2011	(date of adoption is required)		
	(no more than	90 days after amendment file date)		
Adoption of Amendment(s)	(C)	HECK ONE)		
The amendment(s) was/w by the shareholders was/v	ere adopted by the were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.		
		he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):		
"The number of votes	s cast for the amer	ndment(s) was/were sufficient for approval		
by	(voting group)	·"		
action was not required.	-	e board of directors without shareholder action and shareholder e incorporators without shareholder action and shareholder		
Signature (B)		dent or other-officer - if directors or officers have not been reporator - if in the hands of a receiver, trustee, or other court		
	JU	AN CLAUDIO DE LOS SANTOS		
	(Ty	ped or printed name of person signing)		
		SECRETARY		
	(Title o	of person signing)		