

P07000099256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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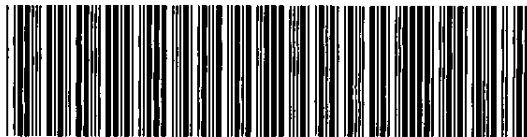
(Business Entity Name)

(Document Number)

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Amend

12/01/08--01006--021 **35.00

2008 DEC -1 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*ASR
12/5/08*

U.S. Insurance of SW Florida y Soluciones Expreso

DATE 11/26/2008

CORPORATION NAME: U.S. INSURANCE OF SW FLORIDA, CORP.

DOCUMENT NUMBER: **P07000099256**

FEI #26-0842845

OLD ADDRESS: 7600 ALICO ROAD, SUITE #5 FORT MYERS, FL 33912

PLEASE CHANGE MAILING AND OWNERS ADDRESS TO:

8782 ALICO ROAD, 1ST FLOOR FORT MYERS, FL 33912

Best Regards,



MARIA D ESPINAL-PEREZ
PRESIDENT



8782 Alico Road, 1st Floor Fort Myers, Fl 33912
Off 239-437-6444 Fax 239-437-8444
e-mail: usisw@comcast.net

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: U.S. Insurance of SW Florida,
Corp.

DOCUMENT NUMBER: P 07000099256

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

Please return all correspondence concerning this matter to the following:

Maria D. Espinal-Perez
(Name of Contact Person)

(Firm/ Company)

8782 ALico Road, 1st Floor
(Address)

Fort Myers, FL 33912
(City/ State and Zip Code)

For further information concerning this matter, please call:

Maria D Espinal-Perez at (239) 437-6444
(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:

- | | | | |
|---|--|---|--|
| <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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

2008 DEC -1 PM 1:66

U. S. Insurance of SW FL

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

P 07000099256

(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:

A. If amending name, enter the new name of the corporation: _____

The new name must be distinguishable 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)

8782 ALico Road,

1st Floor

Fort Myers, FL 33912

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8782 ALico Road,

1st Floor

Fort Myers, FL 33912

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: _____

Name of New Registered Agent: _____

Same as above

New Registered Office Address:

(Florida street 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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: 11/30/08

Effective date if applicable: 11/30/08
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted 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.

Dated 11/26/08

Signature Maria D Espinal-Perez
(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)

Maria D Espinal-Perez
(Typed or printed name of person signing)

President
(Title of person signing)