## 

(Requestor's Name)  (Address)	700139980607	
(City/State/Zip/Phone #)  PłCK-UP WAIT MAIL  (Business Entity Name)	01/08/0901017018 **43.75	
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	ZOOD JAN -B PM 12: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: <u>C W PERE</u>	Z INSURANCE, INC	<u> </u>
DOCUMENT N	JMBER: <u>P0700010</u>	4202	
The enclosed Arti	cles of Amendment and fee a	re submitted for filing.	
Please return all c	orrespondence concerning thi	is matter to the following:	
		AUDIA S PEREZ	
	(Name o	of Contact Person)	
	(Fin	rm/ Company)	
		168 POE DR	
		(Address)	
		R HAVEN FL 33884 tate and Zip Code)	
For further inform	ation concerning this matter,	·	
CLAUDIA S PERE			-0066
(Nan	ne of Contact Person)	(Area Code & Da	ytime Telephone Number)
Enclosed is a chec	k for the following amount m	nade payable to the Florida	Department of State:
\$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)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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- COUY JA	U _
TALLAUT	Y-8 PM 12: 56
#	RY OF STATE

ith the Flouide Done of Ste	<u></u> #
nn the Florida Dept. of Sta	ite)
oration (if known)	
Statutes, this <i>Florida Profit</i>	Corporation adopts the
ration:	
Co.," or the designation '	Corp," "Inc," or
125 S CENTRAL AVE	
BARTOW, FL 33830	)
	<del></del>
SAME	
	er the name of the
	_
Florida street address)	_
	, Florida
(City)	(Zip Code)
	ot the obligations of th
New Registered Agent, if cha	unaina
	ffice address in Florida, enter address:  Florida street address)  (City)  ed Agent: am familiar with and accep

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>	Name	Address	Type of Action
Pres.	Ray G Perez	168 POE DR WINTER HAVEN FL 33884	☑ Add ☐ Remove
Pres.	Claudia S Perez		Add Remove
Sec.	Claudia S Perez		Add Remove
	or adding additional Articles, enter cional sheets, if necessary). (Be specific		
provisions	dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		

The date of each amendment(s) adoption: 1/1/2009
Effective date if applicable: 1/1/2009
(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 1/1/2009
Signature Kachen
(By a director president or ther 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)
RAY G PEREZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)