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SECRETARY OF STATE OF VISION OF CORPORATIONS

13 JAN 28 PH 2: 30

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- JAN 2 9 2013

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AAA ALLIE	D INSURANCE	CORP.
DOCUMENT NUMB	ER: P0700013018	6	·
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	DARREN L HARE	BIN	
		Name of Contact Person	•
-	AAA ALLIED INS		
		Firm/ Company	
-	8051 W MCNAB I		- 1 ₀₀₀ -
	TANAADAO EL 00	Address	
-	TAMARAC, FL 33		
		City/ State and Zip Cod	e
DH	ARBIN@ALLIEDF	L.COM	
	E-mail address: (to be use	ed for future annual report	notification)
For further information	concerning this matter, please	e call:	
DARREN L HARBIN		_{at (} 954	, 922-9925
Name of Contact Person			de & Daytime Telephone Number
frictosed is a check for	the following amount made p	ayable to the Florida Depa	artment of State:
☐ \$3.5 Filling 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		Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation



AAA ALLIED INSURANCE CORP.

/Name of Comparation or automatic Glad with the	La Flavida Dant of Ctata)
(Name of Corporation as currently filed with the P07000130186	ie Florida Dept. 01 State)
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t ts Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>
3A ALLIED INSURANCE CORP.	• The new
name must be distinguishable and contain the word "corpore" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	8051 W MCNAB RD
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	TAMARAC, FL 33321
•	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8051 W MCNAB RD
(TAMARAC, FL 33321
 If amending the registered agent and/or registered office a new registered agent and/or the new registered office add 	
Name of New Registered Agent	
Traine of their stegister en rigeri	
(Florida	la street address)
New Registered Office Address:	, Florida
(0	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	gent:
hereby accept the appointment as registered agent. I am famil	

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:

I' = 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	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l: Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add		•	
Remove			,
4) Change			
Add		•	
Remove			1174/175
5) Change			
Add			
Remove			
6) Change	-	Managery	
Add			
Remove			

\ttach additional sheets, if necessary).	cles, enter change(s) h (Be specific)	, ,	
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		or cancellation of issued sha	res,
f an amendment provides for an exch	nange, reclassification,	d in the amendment itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, ndment if not containe	d in the amendment itself:	
provisions for implementing the ame	nange, reclassification, ndment if not containe	d in the amendment itself:	
provisions for implementing the ame	nange, reclassification, ndment if not containe	d in the amendment itself:	
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provisions for implementing the ame	nange, reclassification, ndment if not containe	d in the amendment itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, ndment if not containe	d in the amendment itself:	

The date of each amendment(s)	adoption: 01/24/2013
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 01/24	/2013
Signature	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	DARREN L HARBIN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)