

To: The Florida Dept. of State  
Subject: 001208.101692

From: Ashley Smith

Wednesday, March 25, 2009 11:54 AM Page: 2 of 5

Division of Corporations

<https://efilestunbiz.org/scripts/efilecov.exe>

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number  
(shown below) on the top and bottom of all pages of the document.

3/24

((H09000069401 3)))



H090000694013ABCS

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE

3/24

001208.101692

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**SERENITY INSURANCE SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Amend  
@ 3/25/09

RECEIVED  
2009 MAR 25 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

To: The Florida Dept. of State  
Subject: 001208.101692

From: Ashley Smith

Wednesday, March 25, 2009 11:54 AM Page: 1 of 5

850-617-6381

3/25/2009 9:52:13 AM PAGE 1/001 Fax Server



March 25, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SERENITY INSURANCE SERVICES, INC.  
6442 ABOTTS MILL AVE  
DAVIE, FL 33331

SUBJECT: SERENITY INSURANCE SERVICES, INC.  
REF: P09000024196

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.  
3/24

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Period after (INC) in the corporate name.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 609A00010053

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.  
3/24

H09000069401 3

Articles of Amendment  
to  
Articles of Incorporation  
of

Serenity Insurance Services, Inc.

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

P09000024196

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

H09000069401 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 24 AM 9:09

H09000069401 3

**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>
VPS	Barbara Birman	6442 abotles Mill Ave Davie, FL 33321	<input type="checkbox"/> Add <input checked="" 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H09000069401 3

H09000069401 3

The date of each amendment(s) adoption: March 24, 2009

Effective date if applicable: \_\_\_\_\_  
(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 3/24/2009

Signature [Signature]  
(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)

Sheldon R. Birman  
(Typed or printed name of person signing)

President  
(Title of person signing)

H09000069401 3