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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION:	GOOD NEWS INSURANC	E INC.	
DOCUMENT NUME	BER:	P09000042756	j	
The enclosed Articles	of Amendment and fee	are submitted for filing.		
Please return all corres	spondence concerning t	his matter to the following:		
		NICOLAS GIL		
		Name of Contact Person		
	GOOD	NEWS INSURANCE INC.		
		Firm/ Company		
_	3702 CARROLLWOOD PL CIR 10-102 Address			
_		TAMPA, FL 33624 City/ State and Zip Code		
	E-mail address: (to be u	sed for future annual report notification)		
For further information	n concerning this matte	r, please call:		
	COLAS GIL Contact Person	at ( 813 ) Area Code & Daytime T	298-4785 elephone Number	
Enclosed is a check fo	r the following amount	made payable to the Florida Depa	artment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

### **Articles of Amendment**

Articles of Incorporation



GOOD NEWS INSURANCE INC.

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

owing

P(	)9000042756			
(Document N	umber of Corporation	on (if known)	<del> </del>	
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		s, this <i>Florida I</i>	Profit Corporation add	opts the follo
A. If amending name, enter the new name	of the corporation	<u>:</u>		
				The new
name must be distinguishable and contai abbreviation "Corp.," "Inc.," or Co.," or v name must contain the word "chartered," "p	the designation "Co	rp," "Inc," or "	Co". A professional	
B. Enter new principal office address, if applicable:		14803	Turner Rd	
(Principal office address <u>MUST BE A STR</u>		Tampa	Turner Rd , 7L 33624	_
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF				_
	-			
D. If amending the registered agent and/o new registered agent and/or the new re			da, enter the name of	the
Name of New Registered Agent:	NICOLAS GIL	•		
New Registered Office Address:	3702 CARRO (Floria	LWOOD PL C	<del></del>	
·	TAMPA,		, Florida <b>336</b> (Zip Code)	24
New Registered Agent's Signature, if chan I hereby accept the appointment as registered			ept the obligations of th	he position.
-	Signature of New 1	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>	Address	Type of Action
<u>P</u>	LAURA G REGNAULT-GIL	3702 CARROLLWOOD PL 10-102 TAMPA, FL 33624	_ □ Add _ ☑ Remove
<u>P</u>	NICOLAS GIL	3702 CARROLLWOOD PL 10-102 TAMPA, FL 33624	_ ☑ Add _ □ Remove
ST	LAURA G RENAULT-GIL	3702 CARROLLWOOD PL 10-102 TAMPA, FL 33624	_ ☑ Add _ □ Remove
	ing or adding additional Articles, enteditional sheets, if necessary). (Be spec		
provisio	endment provides for an exchange, rens for implementing the amendment in tapplicable, indicate N/A)		

The date of each amendmen	t(s) adoption:	5-28-01
Effective date <u>if applicable</u> :	MAY, 28, 2009	_
	(no more than 90 days a	nfter amendment file date)
Adoption of Amendment(s)	(CHECK O	<u>NE</u> )
	ere adopted by the shareho ere sufficient for approval	olders. The number of votes cast for the amendment(s)
		nolders through voting groups. The following statemen intitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s)	) was/were sufficient for approval
by	(voting group)	.,,
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board o	f directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorpo	rators without shareholder action and shareholder
Dated	5/28/09 AR.	
Signature _		41 CC 'C L'
sel		ther officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other court iduciary)
		NICOLAS GIL
	(Typed or p	rinted name of person signing)
		PRESIDENT
	(Title of person	