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Amend



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## **COVER LETTER**

TO:-Amendment Section
Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

NAMJE OF CORPORATION:	SKY INSURANCE GROUP, CORP
DOCUMENT NUMBER:	200012364
The enclosed Articles of Amendment ar	nd fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
	SANTIAGO DE LACRUZ CARBALLO  Name of Contact Person
SKY	Firm/ Company
2301	N. STATE ROAD 7
· Holey non	City/ State and Zip Code
A LEX ZAJ. @	GMAIL · COM be used for future annual report notification)
For further information concerning this ma	
SANTIAGO DE LA CIUZ	at (786) 208 - 6753
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	unt made payable to the Florida Department of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee  Certified Copy Certificate of Status  (Additional copy is enclosed) Certified Copy  (Additional Copy is enclosed)
Mailing Address	Street Address

Amendment Section

Clifton Building

Division of Corporations

## Articles of Amendment 11 MAR 30 AM 11:42 **Articles of Incorporation** 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: 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) G. 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: SANTIAGO DE LA CRUZ Name of New Registered Agent: 2301 N. STATE ROAD 7 New Registered Office Address: (Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am fam liar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

removed a	ng the Officers and/or Directors, enter nd title, name, and address of each Off ditional sheets, if necessary)	the title and name of each officer/d ficer and/or Director being added:	irector being
<u>Title</u>	Name	Address	Type of Action
P	TANÍA DE LA CRUZ	2301 N. STATE ROAD 7 HOLLYWOOD, FL 33021	
<u>PS</u> _	SANTIAGO DE LA CRUZ	2301 N. STATE ROAD 7 HOLLY WOOD , FC 33021	Add Remove
			☐ Add ☐ Remove
			<del></del>
<u>provision</u>	endment provides for an exchange, reces for implementing the amendment if applicable, indicate N/A)	lassification, or cancellation of issunct contained in the amendment its	ed shares, self:

The date of each amendment	
Effective date <u>if applicable</u> :	01/01/2011
Entrive date <u>ir appricable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	,,
•	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
DatedSignature	03/11/N X .
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	TANÍA DE LA CRUZ
	(Typed or printed name of person signing)
_	President
	(Title of person signing)