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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amund 05/28/10

COVER LETTER

. TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	KVC INSUF	RANCE GROUP	CORP
DOCUMENT NUM	(BER:	P10000015502		
The enclosed Article	s of Amendment and	l fee are submitted	for filing.	
Please return all corr	espondence concerni	ing this matter to t	ne following:	•
		Maylen Rod		
		Name of Contac	t Person	
-		KV CARRIER S	ERVICES	•
		Firm/ Comp	any	
	11	790 NW SOUTH	I RIVER DR	•
		Address		
		,		
		MEDLEY, FL City/ State and 2		
		Only Blace and I	p	
	E-mail address: (to	be used for future an	nual report notification)	·
For further informati	ion concerning this n	natter, please call:		
May	/len Rodriguez	at (305) 8	83-6262
Name o	f Contact Person	A	Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amo	ount made payable	to the Florida Depar	tment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Statu	s Certi	5 Filing Fee & fied Copy tional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of O P.O. Box 633 Tallahassee,	Section = Corporations 5	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circlessee, FL 32301	le

Articles of Amendment **Articles of Incorporation**

KVC INSURANCE GROUP CORP

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

P10000015502

	mber of Corporation (if known)	2
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Florid</i>	a Profit Corporation adopts the fell
A. If amending name, enter the new name of	of the corporation:	
		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	e designation "Corp," "Inc," o	r "Co". A professional corporation
B. Enter new principal office address, if ap (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable		•
(Mailing address <u>MAY BE A POST OFF</u>	<u></u>	<u> </u>
D. If amending the registered agent and/or	ragistared office address in Flo	aride enter the name of the
new registered agent and/or the new reg		rida, enter the hame of the
Name of New Registered Agent:		
		-
New Registered Office Address:	(Florida street addre	iss)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if change		
I hereby accept the appointment as registered	agent. I am familiar with and a	ecept the obligations of the position.
	Signature of New Registered Age	ent, 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>VP</u>	HERRERA, CARLOS A	11790 NW SOUTH RIVER DR MEDLEY, FL 33178	_ ☑ Add □ Remove
			Add Remove
			_
(attach a	ndditional sheets, if necessary). (Be sp	pecific)	
provis	mendment provides for an exchange, jons for implementing the amendment not applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: <u>05</u>	5/26/2010
Effective date if applicable:	05/26/2010	(date of adoption is required)
	(no more than S	90 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s approval.
		he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	ndment(s) was/were sufficient for approval
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	e board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder
Dated <u>05/2</u>	26/2010	
Signature _		1 Dulle
(By	y a director, presid	dent of other officer - if directors or officers have not been
	pointed fiduciary l	
		MARIAM) CASTELLANOS
	(Ту	ped or printed name of person signing)
		White Pres.
	(Title)	of person signing)
		· / /