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.

(((H170001392513)))



H170001392513ABC\$

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 : FASTKIT CORP Account Number : I20100000009

Phone : (305)599-0839

Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MAIKO INSURANCE INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 2 2017

T. LEMIEUX 5/22/2017

Articles of Amendment to Articles of Incorporation of

MAIKO INSURANCE INC		
(Name	of Corporation as cutrently filed with the Florida	Dept. of State)
P11000080192		
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Florida Profit Corporate	ion adopts the following amendment(s) to
A. If amending name, enter the new p	ame of the corporation:	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co". A professional co	The new corporated" or the abbreviation proporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable; TREET ADDRESS)	
		
C. Enter new mailing address, if appliance (Mailing address) MAY BE A POST D. If amending the registered agent an new registered agent and/or the new	O06, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to me of the corporation: The new in the word "corporation," "company," or "incorporated" or the abbreviation tion "Corp," "Inc." or "Co". A professional corporation name must contain the on," or the abbreviation "P.A." [applicable: REET ADDRESS] Able: FFICE BOX) [Ou registered office address: MIGUEL E TURBAY 2138 SW 67 AVE (Florida sweet address) (City) [Forida 33155]	
Name of New Registered Agent	MIGUEL E TURBAY	
	2138 SW 67 AVE	
	(Florida street address)	
New Registered Office Address:	IMAIM	Florida 33155
New Registered Office Address:	(Civ)	
New Registered Agent's Signature, if c	dered agent. I am familiar with and accept the obligation of the o	HAY 22 A

7

P = President; V= Vi Executive Officer; CF held. President, Treas Changes should be no	ice Presiden 70 = Chief nurer, Direct oted in the fi	Financial Officer. If an officer/director holds i tor would be PTD. ollowing manner. Currently John Doe is listed a	TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Mike Jones, V as Rem Example:	ove, and Sa	lly Smith, SY as an Add.	
X Change	PT	John Doc	,
<u>X</u> Remove	Ā	Mike Jones	
X Add	ΣY	Sally Smith	i
Type of Action (Check One)	Title	<u>Namo</u>	Address
i) Change	DPS	MICHAEL C TURBAY	14330 SW 145 TERR
Add X Romove			MIAMI FL 33186
2) Change	DPS	MIGUEL E TURBAY	2138 SW 67 AVE
X Add	,		MIAMI FL 33155
Remove			
3)Change			
Add		p.	
Кетюче			
4) Change	<u></u>		
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			:
Add			
Remove			·

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)

ach additional sheets, if necessary). (Be specific)	į	
	. !	
·	()	
·		·
		· · · · · · · · · · · · · · · · · · ·
	į	4
	· · · · · · · · · · · · · · · · · · ·	
		,
	<u> </u>	
iii		
	1	
,		
·		
ovisions for implementing the amendment if not contain	or cancellation of issued sire	:e <u>s.</u>
n amendment provides for an exchange, reclassification, orisions for implementing the amendment if not contain (if not applicable, indicate N/A)	or enneoliation of byugd sire ad in the amendment itself:	<u>'e.i.</u>
ovisions for implementing the amendment if not contain	or enneellation of brued sire ad in the amendment itself:	·es.
ovisions for implementing the amendment if not contain	or cancellation of issued sha ed in the amendment itself:	<u>ea.</u>
ovisions for implementing the amendment if not contain	or encellation of byued stra ed in the amendment itself:	.e.i.
ovisions for implementing the amendment if not contain	or encellation of Esped sire	· E.S.
ovisions for implementing the amendment if not contain	or encellation of issued sha ed in the amendment itself:	· E.S.
ovisions for implementing the amendment if not contain	or encellation of byued sha ed in the amendment itself:	E.1.
m amendment provides for an exchange, reclassification, ovisions for implementing the amendment if not contain (if not applicable, indicate N/A)	or encellation of Esped sire	E.S.

ţ

	05/19/2017	i	
The date of each amendment(s) adoption:	:		if other than th
late this document was signed.			
Effective date <u>if applicable</u> :		i	
Mappitembre,	(no more than 90 days after	amenamen! file date)	**************************************
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statute it of State's records.	ory filling requirements, thi	is date will not be listed as th
Adoption of Amendment(s)	CHECK ONE	j }	
The amendment(s) was/were adopted by by the shareholders was/were sufficient		votes cost for the amendm	ent(s)
☐ The amendment(s) was/were approved b must be separately provided for each vo			
'The number of votes cast for the s		for approval	
by			4
-	(voting group)		
☐ The amendment(s) was/were adopted by action was not required.		reholder action and shareh	oolder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareho	lder action and shareholde	r
Dated	7/1-1	76	
Signature	I hogher		
sclocted, by an	resident or other officer — if directincorporator — if in the hands of a lary by that fiduciary)	tors or officers have not be receiver, trustee, or other	court
MIGUE	L E TURBAY	;	
	(Typed or printed name of pers	on signing)	
DPS	- · · /	men	
	CTitle of names nie		