# P13DDD081493

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Amend Mance (a 10/25/13

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: S. F. SEGUROS CORP				
DOCUMENT NUMBER: P13000081693				
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
MOISES PEREZ				
	Name of Contact Person	1		
S. F. SEGUROS C	ORP.			
	Firm/ Company	-		
22763 STATE ROA	AD 7 (441)			
	Address			
BOCA RATON, FL 33428				
· ·	City/ State and Zip Code	e		
acesar@live.com				
E-mail address: (to be used	for future annual report	notification)		
For further information concerning this matter, please	call:			
FRANCISCO SANTOS	<sub>at (</sub> 561	558-4698		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made page	yable to the Florida Depa	irtment of State:		
■ \$35 Filing Fee	□\$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 Tallahassee, Fl. 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



### S. F. SEGUROS CORP

		1/2
(Name of Corporation as currently filed with the	Florida Dept. of State)	
(Document Number of Corporation (	(if known)	-
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following	g amendmen
. If amending name, enter the new name of the corporation:		
S. F. SEGUROS CORP.		The new
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must ("P.A."	 hbreviation contain the
. Enter new principal office address, if applicable:	22763 STATE ROAD 7	_
Principal office address <u>MUST BE A STREET ADDRESS</u> )	BOCA RATON, FL 33428	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22763 STATE ROAD 7	- -
	BOCA RATON, FL 33428	_
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent MOISES PERE	s:	_
22763 STATE	ROAD 7	
	treet address)	
New Registered Office Address: BOCA RATON	, FL , Florida 33428	
(City	(Zip Code)	-

# 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)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Р	MOISES PEREZ	22763 STATE ROAD 7
Add			BOCA RATON, FL 33428
Remove			
2) Change			
Add			
Remove			
$\overline{}$			
3) L Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>		
<del></del> 1			
Remove			

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an exchi- rovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(у ног аррисавіе, таксав N/A)	

· The date of each amendment(s	s) adoption: 10/17/2013	, if other than th
date this document was signed.		
Effective date if applicable:	10/17/2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) the sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated_10/17	7/2013	
Signature	Mark	
(By	a director, president or other officer - if directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	MOISES PEREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>