

P130000099890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

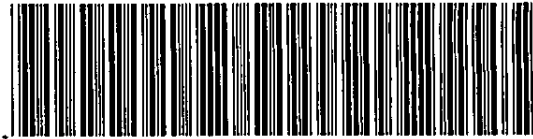
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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900267309879

12/15

Amend

12/11/14--01012--009 **35.00

FILED
2011 DEC 31 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789, 00524, 00671

AJR
11/14/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2014

Jeff Gjoen
Insurance Solutions Usa Inc
3435 Beech Trail
Clearwater, FL 33761

SUBJECT: INSURANCE SOLUTIONS USA, INC.
Ref. Number: P13000099890

We have received your document for INSURANCE SOLUTIONS USA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the amendment form as the president in the space provided at the bottom of page 4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 614A00026568

RECEIVED
5 JAN 12 PM 2:43
STARTED
SIGN OF C
CLAHASS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INSURANCE SOLUTIONS USA, INC.

DOCUMENT NUMBER: P13000099890

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFF GJOEN

Name of Contact Person

INSURANCE SOLUTIONS USA, INC.

Firm/ Company

3435 BEECH TRAIL

Address

CLEARWATER FL 33761

City/ State and Zip Code

JEFFG@INSSOLUSA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA CRAMER

at (727)

548-4400

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

1-1-15

Articles of Amendment
to
Articles of Incorporation
of

INSURANCE SOLUTIONS USA, INC.

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

P13000099890

(Document Number of Corporation (if known))

FILED.
2014 DEC 31 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

The new 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)

3435 BEECH TRAIL
CLEARWATER, FL 33761

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and the registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida
(City) (Zip Code)

New Registered Agent's Signature:

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

Signature of New 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)

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	CEO	VANCE VOGEL	17745 GULF BLVD #204
<input type="checkbox"/> Add			REDINGTON SHORES, FL
<input checked="" type="checkbox"/> Remove			33708
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of listed shares,
provide the implementing amendment if not contained in the amendment itself.
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 12-1-14 if other than the date this document was signed.

Effective date if applicable: 1-1-15
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JEFF GJOEN JEFF GJOEN
(Typed or printed name of person signing)

PRESIDENT [Signature]
(Title of person signing)