# P1400015684

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C. LEWIS

AUG 21 2014

EXAMINER

#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Insurance One Of Florida Corp DOCUMENT NUMBER: P14000015684 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Yaimara Rodriguez Name of Contact Person Insurance One of Florida Corp Firm/ Company 9359 SW 40 ST NO 3 Address Miami, FL 33165 City/ State and Zip Code info@insuranceonefl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yaimara Rodriguez Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

#### **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

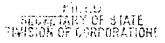
is enclosed)

#### Articles of Amendment

to

#### **Articles of Incorporation**

of



### INSURANCE ONE OF FLORIDA CORP

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

<del>14 AUG 13 - AH</del>11: 05

P14000015684				
(Documen	nt Number of Corporation (if I	known)		•
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fi	lorida Profit Corporation add	opts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "Co	o". A professional corporat	ated" or the at ion name must o	_ bbreviation
B. Enter new principal office address,	if annlicables	N/A		
(Principal office address MUST BE A S				•
				-
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A		
(Muning unitess MAT BL AT OST	OTTICE BOX			•
				-
D. If amending the registered agent an	id/or registered office addres	ss in Florida, enter the name	e of the	
new registered agent and/or the new				
Name of New Registered Agent	N/A			
	(Florida stree	t address)		
New Registered Office Address:		, Florida		_
	(City)		(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist		th and accept the obligations	of the position.	
<u> </u>				
Si	gnature of New Registered Ag	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)

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Ramiro Delgado	9359 SW 40 ST No 3
Add			Miami, FL 33165
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add	<u> </u>		
Remove			
<del></del>			
6) Change	<del></del>		
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u> :  (Attach additional sheets, if necessary). (Be specific)					
N/A		( <b></b>			
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E. If an amandme	ent provides for an exch	anga vaalassifias	tion or gangellatic	on of icanad shares	
provisions for	implementing the ame				
(if not app	olicable, indicate N/A)				
			<u> </u>		<u> </u>
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The date of each amendment(s) adoption: 08/11/2014	f ti eta	, if other than th
date this document was signed.	NVISICH OF CORPURATIONS	
Effective date if applicable: 08/11/2014	14 AHC ED AMULOE	
(no more t	than 90 days after amendment file date)	_ <del></del> _
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle		
"The number of votes cast for the amendment(s) was	as/were sufficient for approval	
by (voting group)	,,,	
(voting group)		
The amendment(s) was/were adopted by the board of direction was not required.	ectors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporator action was not required.	's without shareholder action and shareholder	
Dated 08/11/2014		
Signature Limit	<del></del>	
(By a director, president or other	er officer – if directors or officers have not been	
selected, by an incorporator – if appointed fiduciary by that fidu	f in the hands of a receiver, trustee, or other court sciary)	
YAIMARA	RODRIBUEZ.	
(Type	ed or printed name of person signing)	
•	PLESWENT	
	(Title of person signing)	