P1400043928

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Contillation of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500314170795

06/06/18--01017--007 **85.00

LUN -6 PH 2:25

JUN 07 2018

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Midwest Insurance	e Group Inc			
DOCUMENT NUM	BER: P14000043928				
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.			
Please return all corre	spondence concerning this m	atter to the following:			
	Hatdiel Acosta				
		Name of Contact Perso	n		
	Midwest Insurance Group Inc				
		Firm/ Company			
	1719 W Sligh Ave				
	Address				
	Tampa FL 33604				
		City/ State and Zip Cod	e		
11.1.1	Omin@nasil.sam				
	flmig@gmail.com				
	n-man address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, plea	se call:			
Hatdiel Acosta		at (⁸¹³	805-8572		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Midwest Insurance Group Inc	
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P14000043928	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
Azure Sky Insurance Inc	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," "word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation 'Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ss</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED WW -6 PH 2: 25 WASSEE FLORIDA
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	office address in Florida, enter the name of the
Name of New Registered Agent	
	
((Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signature	e 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: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Damana			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
,	
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 6/1/8 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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.	
06/01/2018	
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)	
Hatdiel Acosta	
(Typed or printed name of person signing)	
President	
(Title of person signing)	