P14000066267

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C. CARROTHER OCT 0 5 2015

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TELOT INSURAI	NCE CORP	
DOCUMENT NUM	P14000066267		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	TELOT, NESTOR		
		Name of Contact Persor	1
	TELOT INSURANCE CORE	•	
		Firm/ Company	
	61 GRAND CANAL STE 10	0	
		Address	
	MIAMI, FL 33144		
		City/ State and Zip Code	2
NTE	LOT@UNIVISTAINSURAN	CE.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
NESTOR TELOT		786 at (797-9832
. Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	irtment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment tion

. · ·	to Articles of Incorporation of
TELOT INSURANCE CORP	••
	(Name of Corporation as currently filed with the Florida Dept. of State)
P14000066267	
	(Decree of Number of Companies (Films)

	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the fo	llowing amendment(
A. If amending name, enter the new na	ame of the corporation:		
			The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or "Co". A professional corporation name "P.A."	the abbreviation
B. Enter new principal office address	if applicables	61 GRAND CANAL STE 100	72915
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33144	961 4401
			SSE Z
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			OF ST
(<u>911102 2011</u>)		
D. If amending the registered agent ar			
new registered agent and/or the ne	-		
Name of New Registered Agent	RDNA ACCOUNTING SERVICES LLC		
	1012 SW 113TH		
	(Florida .	street address)	
New Regisiered Office Address:	PEMBROKE PINES	. Florida ³³	3025
	•	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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 <math>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	·	ohn Doe	
X Remove		1ike Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	FABIEN LOPEZ	61 GRAND CANAL STE 100
X Add			MIAMI, FL 33144
Remove			
2) Change		 	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Remove			
			
6) Change		 	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
•	
	<u> </u>
	·
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(IJ not applicable, indicate N/A)	

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(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 will not be listed as the document's effective date on the Department of State's records.
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.
O9/28/2015 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) NESTOR TELOT
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)