

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000261680 3)))



H150002616803ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I2000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN NACRO INSURANCE CORP. Certificate of Status 0 Certified Copy 0 Page Count 05 Estimated Charge \$35.00

Electronic Filing Menu Corporate Filing Menu

'02/2015/MON 02:55 PM	FAX No.	P. 002
	Articles of Amendment	
	Articles of Incorporation of	
MACRO INSURANCE CORP.	·	
(<u>Name of Corp</u> P15000066551	oration as currently filed with the Florida D	ept. of State)
(D)	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Fi its Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation	adopts the following amendments
A. If amending name, enter the new name of t	<u>he corporation:</u>	Calls II.
"Corp.," "Inc.," or Co.," or the designation "o word "chartered." "professional association." of B. Enter new principal office address, if applie (Principal office address <u>MUST BE A STREET</u>	r the abbreviation "P.A."	oration name musp contain the
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC)</u>	<u> </u>	
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC) D. If amending the registered agent and/or registered agent and/or the new registered agent a	gistered office address in Florida, enter the p	name of the
(Mailing address <u>MAY BE A POST OFFIC</u>) D. <u>If amending the registered agent and/or reg</u>	gistered office address in Florida, enter the p	ame of the
(Mailing address <u>MAY BE A POST OFFICE</u> D. <u>If amending the registered agent and/or registered agent and/or the new registered agent a</u>	gistered office address in Florida, enter the p	ame of the
(Mailing address <u>MAY BE A POST OFFICE</u> D. <u>If amending the registered agent and/or registered agent and/or the new registered</u>	gistered office address in Florida, enter the p ered office address: (Florida street address)	, Florida
(Mailing address <u>MAY BE A POST OFFICE</u> D. <u>If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent</u>	gistered office address in Florida, enter the p ered office address:	

Signature of New Registered Agent, if changing

1

NOV/02/2015/MON 02:55 PM

Example:

FAX No.

P. 003

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.

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) XX Change	S	PAUL CHEHADE	2550 NW 72 AVE STE 200
Add			MIAMI, FL 33122
Remove			
2) Change			
Add			
Remove			
3)Change	<u> </u>	<u> </u>	·····
Add			
Remove			
4) Change	<u></u> .		
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

NOV/02/2015/MON 02:55 PM

i I 🔊 i i

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u> </u>	·
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an each	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,

	ula lu	_	
The date of each amendme date this document was signed	nt(s) adoption: d.)	if other than
Effective date if applicable		an 90 days after amendment file d	
	(no more th	an 90 days after amendment file d	ate)
	a this block does not meet the ap the Department of State's record		ents, this date will not be listed as
Adoption of Amendment(s	(<u>CHECK ONE</u>)		
	ere adopted by the shareholders. were sufficient for approval.	The number of votes cast for the a	amendment(s)
		through voting groups. The follow d to vote separately on the amendi	
"The number of vot	es cast for the amendment(s) was	/were sufficient for approval	
by		»»	
by	(voting group)	۶۶ ۲۰	
 The amendment(s) was/was/was not required. The amendment(s) was/was/was/was/was/was/was/was/was/was/	ere adopted by the board of direc	tors without shareholder action an without shareholder action and sha	
 The amendmeni(s) was/waction was not required. The amendment(s) was/waction was not required. 	ere adopted by the board of direc	tors without shareholder action an	
 The amendment(s) was/waction was not required. The amendment(s) was/waction was not required. Dated Signature 	ere adopted by the board of direct ere adopted by the incorporators $\frac{1}{10215}$	tors without shareholder action an without shareholder action and sha	areholder
 The amendment(s) was/w action was not required. The amendment(s) was/w action was not required. Dated Signature 	ere adopted by the board of direct ere adopted by the incorporators $\frac{1}{102}$	tors without shareholder action an without shareholder action and sha officer – if directors or officers ha n the hands of a receiver, trustee, o	ve not been
 The amendment(s) was/w action was not required. The amendment(s) was/w action was not required. Dated Signature 	ere adopted by the board of direct ere adopted by the incorporators $\frac{1}{102}$	tors without shareholder action an without shareholder action and sha officer – if directors or officers ha n the hands of a receiver, trustee, o	ve not been
 The amendment(s) was/w action was not required. The amendment(s) was/w action was not required. Dated Signature 	ere adopted by the board of direct ere adopted by the incorporators <u>21 /02/15</u> By a director, president or other selected, by an incorporator – if i appointed fiduciary by that fiduci JAY ALMEIDA	tors without shareholder action an without shareholder action and sha officer – if directors or officers ha n the hands of a receiver, trustee, o	ve not been
 The amendment(s) was/w action was not required. The amendment(s) was/w action was not required. Dated Signature 	ere adopted by the board of direct ere adopted by the incorporators <u>21 /02/15</u> By a director, president or other selected, by an incorporator – if i appointed fiduciary by that fiduci JAY ALMEIDA	tors without shareholder action an without shareholder action and sha officer – if directors or officers ha n the hands of a receiver, trustee, o ary)	ve not been
 The amendment(s) was/w action was not required. The amendment(s) was/w action was not required. Dated Signature 	ere adopted by the board of direct ere adopted by the incorporators 21 /02/15 By a director, president or other selected, by an incorporator – if i appointed fiduciary by that fiduci JAY ALMEIDA (Typed or prin PD	tors without shareholder action an without shareholder action and sha officer – if directors or officers ha n the hands of a receiver, trustee, o ary)	ve not been

42