## P16000045805

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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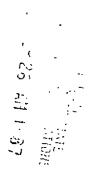
Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

. . . .

| NAME OF COR            | PORATION: VISTA PLUS INS                      | URANCE INC   |  |  |
|------------------------|---|--|--|--|
|                        | EMBER: P1600045805                            |  |  |  |
|                        | cles of Amendment and fee are su              | bmitted for tiling.  |  |  |
| Please return all co   | orrespondence concerning this ma              | tter to the following:   |  |  |
|                        | ETY F CYBULKIEWICZ-K                          | ОНИ  |  |  |
|                        |   | Name of Contact Persor   | n  |  |
|                        | VISTA PLUS INSURANCE INC                      |  |  |  |
|                        |   | Firm/ Company  |  |  |
|                        | 10300 SUNSET DR # 410                         | ,,   |  |  |
|                        |   | Address  |  |  |
|                        | MIAMI, FL 33173                               |  |  |  |
|                        |   | City/ State and Zip Code   | e  |  |
|                        | ety@vistaplusinsurance .com                   |  |  |  |
|                        | E-mail address: (to be us                     | sed for future annual report                                       | notification)  |  |
| For further inform     | ation concerning this matter, pleas           | se call:at (   | 615-8500   |  |
| Name of Contact Person |   | Area Co  | de & Daytime Telephone Number  |  |
| Enclosed is a chec     | k for the following amount made               |  |  |  |
| S35 Filing Fe          | © □\$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) |  |
|                        |   |  |  |  |

## Articles of Amendment to Articles of Incorporation of

to

VISTA PLUS INSURANCE INC.

| VISTATEOS INGURANCE INC  |  | 1800  |
|--|--|---|
|  | s currently filed with the Florida Do  | ept. of State)  |
| P16000045805   |  |   |
| , (Document  | Number of Corporation (if known)       |   |
| Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:  | tutes, this Florida Profit Corporation | adopts the following amendment(s                                  |
| A. If amending name, enter the new name of the corpo   | ration:                                | The second  |
| name must be distinguishable and contain the word "corpor<br>"Inc" or Co.," or the designation "Corp," "Inc," or<br>"chartered," "professional association," or the abbreviati | "Co". A professional corporation       | Thenew d" or the abbreviation "Corp.," name_must_contain_the_word |
| B. Enter new principal office address, if applicable:  | N/A                                    |   |
| (Principal office address MUST BE A STREET ADDRES  | <u>SS</u> )                            | 1. 5  |
|  |  |   |
|  |  | <u> </u>  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | N/A                                    | AH I  |
|  |  | <b>≟</b> ,  |
|  |  |   |
| ,  |  |   |
| D. If amending the registered agent and/or registered of   |  | name of the   |
| new registered agent and/or the new registered offic   | e address:                             |   |
| Name of New Registered Agent (NA)  |  |   |
|  |  |   |
| •  | (Floridu street address)               |   |
| New Registered Office Address:   |  | , Florida   |
|  | (City)                                 | (Zip Code)  |
|  |  |   |
| New Registered Agent's Signature, if changing Register   | red Agent:                             |   |
| I hereby accept the appointment as registered agent. I am  |  | ons of the position.  |
|  |  |   |
|  |  |   |
| Signature  | of New Registered Agent, if changing   | <u> </u>  |
| Cheat Canalizable  |  |   |
| Check if applicable  |  |   |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

| X Change                      | <u>PT</u>       | John Doe                 |                        |
|-------------------------------|-----------------|--------------------------|------------------------|
| X Remove                      | $\underline{V}$ | Mike Jones               |                        |
| X Add                         | <u>sv</u>       | Sally Smith              |                        |
| Type of Action<br>(Check One) | <u>Title</u>    | <u>Name</u>              | <u>Addres</u> s        |
| 1) Change                     | VP              | EDUARDO FERNANDEZ RODRIC | 14921 SW 82 LN APT 509 |
| Add                           |                 |                          | MIAMI, FL 33193        |
| X Remove                      |                 |                          | 14921 SW 82 LN APT 509 |
| 2) Change                     | VP              | YAHILMA RODRIGUEZ CEDENO | MIAMI, FL 33193        |
| X Add                         |                 |                          |                        |
| Remove Change                 |                 |                          |                        |
| Add                           |                 |                          |                        |
| Remove                        |                 |                          | <del></del>            |
| 4) Change                     |                 |                          |                        |
| Add                           |                 |                          |                        |
| Remove                        |                 |                          |                        |
| 5) Change                     |                 |                          | <u> </u>               |
| Add                           |                 |                          |                        |
| Remove                        |                 |                          |                        |
| 6) Change                     |                 |                          |                        |
| Add                           |                 |                          |                        |
| Remove                        |                 |                          |                        |

| (Attach additional sheets, if necessary). (Be specific)   |                       |
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| If an amendment provides for an exchange, reclassification, or cancellat                              | ion of issued shares, |
| provisions for implementing the amendment if not contained in the amendment applicable, indicate N/A) | endment itself:       |
| (у пот аррасате, таксате үгд)   |                       |
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| The date of each amendment(s) adoption:date this document was signed.  | , if other than the       |
|--|---------------------------|
| Effective date if applicable:  (no more than 90 days after amendment file date)  |                           |
| tho more than so days after umenument fac dates  |                           |
| <b>Note:</b> 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 incorporators, or board of directors without shareholder action action was not required.  | and shareholder           |
| ■ 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  | 26                        |
| by   | ээ<br>Э                   |
| (voting group)   |                           |
| 09-21-2022   |                           |
| 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 (iduciary by that fiduciary)   |                           |
| ETY F CYBULKIEWCZ- KOHN  |                           |
| (Typed or printed name of person signing)  |                           |
| PRESIDENT  |                           |
| (Title of person signing)  |                           |