## P7000046757

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

Office Use Only



000301650620

07/24/17--01013--064 \*\*35.00

S TALLENT

AUG 02 2017

Knong



## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ZABEST Inst	) tance			
DOCUMENT NUMB	ER: P17000046757				
	of Amendment and fee are su	abmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
	Zabri	ina Estrada			
-	Name of Contact Person				
	ZABEST Insurance				
-	Firm/ Company				
	18720 SW 306 Terrace				
-	· Address				
	Homestend, FL	<b>3</b> %33			
-	·	City/ State and Zip Cod	e		
	7 abestinsur	rance Egmail.com	,		
	-	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Zabrina	Estrada	at ( 786	, 449-6036		
Name o	f Contact Person	at ( 786 ) 447 - 6036 Area Code & Daytime Telephone Nur			
Enclosed is a check for	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			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

ZABEST Insurance Inc	the Chad with the Claride Dant of State)
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P17000046757	
(Document Number of	of Corporation (if known)
resuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
If amending name, enter the new name of the corporation:	
	The new
ume must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or ord "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	15720 SW 306 Terrace
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Homestend, FL 33033
	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	7
	<u> </u>
If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s.	treet address)
	P1 - 11
New Registered Office Address:	(City) , Florida (Zip Code)
ew Registered Agent's Signature, if changing Registered Agen	it:
ereby accept the appointment as registered agent. I am familiar	
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 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> <u>Joh</u>	in <u>Doe</u>	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	Sandia D Cerezo	12309 SW 252ND ST
Add			103
X Remove			Homestead, FL 33032
2) Change	<u> </u>	Beatriz Estrada	15720 SW 306 Tellace
X Add			Homestead, FL 33033
Remove			
3 ) Change			
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add	***************************************		
Remove			

E. If amending or addin (Attach additional shee	i <mark>g additional Articles</mark> ets, if necessary). — (l	s, enter change(s) Be specific)	<u>here</u> :		
1 a					
. , ======					
·	1/2-				
				<del></del>	
			·,		
				<del></del>	
	<del></del>				
				_	
			· · · · · · · · · · · · · · · · · · ·		
	<del>.</del>				
<del></del>		·			
if an amendment proprovisions for imple  (if not applicable)  α	ementing the amendr	ge, reclassification ment if not contain	n, or cancellation ned in the amen	n of issued shares dment itself:	<u>r</u>
	<u></u>				
· <u>-</u> -	,				
			<del>.</del>		
<del></del>					
		<del></del>			

The date of each amendment(s) adoption: date this document was signed.	87   18   11	<u> </u>	, if other than
Effective date <u>if applicable</u> : 67/18/17	(no more than 90	days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department		ble statutory filing requirements, this date	will not be listed as
Adoption of Amendment(s)	CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for		number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each vot			r
"The number of votes east for the ar			
by	(voting group)	<del></del> ."	
☐ The amendment(s) was/were adopted by action was not required.			
The amendment(s) was/were adopted by taction was not required.	the incorporators witho	ut shareholder action and shareholder	
selected, by an i	resident or other office	r – if directors or officers have not been hands of a receiver, trustee, or other court	
		1.	
<del> </del>	Zahrina Estra (Typed or printed no	qa ime of person signing)	
15720	SW306 Terrace	tomestead, FL 33033	<u>/</u>
	(Title of	person signing)	

the

the