

P18000022416

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2018 AUG 31 PM 4:29

SEP 06 2018

**COVER LETTER**

2019 AUG 31 PM 4 26

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PRO LIFE INSURANCE INC

DOCUMENT NUMBER: P18000022416

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ILDEGAR B SALMERON

Name of Contact Person

PRO LIFE INSURANCE INC

Firm/ Company

1141 W COLUMBIA AVE

Address

KISSIMMEE, FL 34741

City/ State and Zip Code

prolifeinsuranceinc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ILDEGAR B SALMERON at ( 786 ) 203-3900  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

2010 AUG 31 PM 4:37

PRO LIFE INSURANCE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000022416

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

SAME AS ABOVE

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

1141 W COLUMBIA AVE

KISSIMMEE, FL 34741

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

ELEIDA C RIVERO VILLACINDA

1141 W COLUMBIA AVE

(Florida street address)

New Registered Office Address:

KISSIMMEE

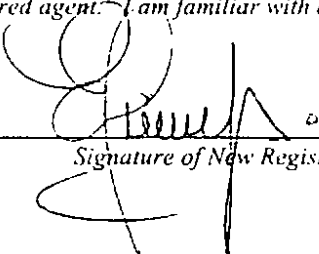
(City)

Florida 34741

(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 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:**

☒ Change                      PT              John Doe

☐ Remove                      V              Mike Jones

☒ Add                      SV              Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	ILDEGAR B SALMERON	3373 WEST VINE STREET
<input type="checkbox"/> Add			SUITE 204
<input checked="" type="checkbox"/> Remove			KISSIMMEE , FL 34741
2) <input type="checkbox"/> Change	VP	ALEXIS R HERNANDEZ	14046 HELSY STREET
<input type="checkbox"/> Add			ORLANDO , FL 34741
<input checked="" type="checkbox"/> Remove			
3 ) <input type="checkbox"/> Change	P	ELEIDA C RIVERO VILLACINDA	14046 HELSY STREET
<input checked="" type="checkbox"/> Add			ORLANDO , FL 32832
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	VP	ANGELA L BOLANOS MENDOZA	14046 HELSY STREET
<input checked="" type="checkbox"/> Add			ORLANDO , FL 32832
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	SEC	MANUEL E ESTELLI	1661 PEREGRINE FALCON WA
<input checked="" type="checkbox"/> Add			APT 102
<input type="checkbox"/> Remove			ORLANDO , FL 32837
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

N/A

N/A

N/A

AUGUST 27 , 2018

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

AUGUST 27 , 2018

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.

AUGUST 27 , 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)

ILDEGAR B SALMERON

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

**RESOLUTION:**  
**ACCEPT DIRECTOR'S RESIGNATION**

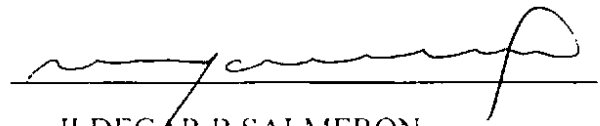
RESOLVED, that the resignation of ILDEGAR B SALMERON as a member of the Board of Directors of the Corporation as evidenced by a resignation letter to the Corporation, dated AUGUST 28, 2018 is hereby accepted, and the Secretary of the Corporation is hereby instructed to notify ILDEGAR B SALMERON of the Board's acceptance.

The undersigned hereby certifies that he/she is the duly elected and qualified secretary and the custodian of the books and records and seal of PRO LIFE INSURANCE, INC a corporation duly formed pursuant to the laws of the state of FLORIDA and that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors, and that said meeting was held in accordance with state law and the Bylaws of the above-named Corporation on AUGUST 28, 2018, and that said resolution is now in full force and effect without modification or rescission.

IN WITNESS WHEREOF, I have executed my name as secretary and have hereunto affixed the corporate seal of the above-named Corporation this 28 th day of AUGUST, 2018.

A True Record.

Attest.

  
ILDEGAR B SALMERON