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Amend

MAY 2 0 2019 I ALBRITTON

FILING CANCELLED DUE TO RETURNED CHECK **COVER LETTER**

2661 Executive Center Circle

Tallahassee, FL 32301

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORPOR	ATION: RC G	ENERAL /	USURSUEE CORP.		
DOCUMENT NUMB	er: <u>P1900</u>	002474	VSURSURE CORP.		
	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
	SAND	RA CAB	RAL		
-	SANDRA CABRAL Name of Contact Person RC GENERAL INSURANCE CORP. Firm/ Company				
	RC GEN	ERAC IN-	URINCE CORP.		
_	Firm/ Company				
9302 SW 167 CT Address					
- -	Address				
		City/ State and Zip			
_	•	City/ State and Zip	Code		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
	•		,		
SANDRA	1 CABRAL	a ₁₍ _30	25 S60-35/4 ca Code & Daytime Telephone Number		
Name of	f Contact Person	Arc	a Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certificate of Status		
Mailing Address Street Address					
Amendment Section			mendment Section		
Division of Corporations P.O. Box 6327			ivision of Corporations lifton Building		

Articles of Amendment to Articles of Incorporation of

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s Florida Profit Corp	oration adopts the fo	llowing am	endment(s)
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street address)			
	, Florida		
(City)		(Zip Code)	
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	tly filed with the Flo 2474 of Corporation (if knows Florida Profit Corporation) ion, ""company, " or "Co". A profession. "P.A." M/A dress in Florida, enterses: DIZA CAR etreet address) (City) nt: r with and accept the	ion, " "company," or "incorporated" or "Co". A professional corporation name "P.A." N/A dress in Florida, enter the name of the ss: DIZA CABRAL dreet address) (City) nt:	thy filed with the Florida Dept. of State) O2 4 7 4 / of Corporation (if known) s Florida Profit Corporation adopts the following am The fon, ""company," or "incorporated" or the abbreve "Co". A professional corporation name must conta "P.A." M/A dress in Florida, enter the name of the ss: O12 A CABIZAL greet address) Florida (City) (City) (Zip Code)

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	PT Johr	n Doe FILING C.	ANCELLED
X Remove	<u>V</u> <u>Mik</u>	e Jones DUE TO F	RETURNED CHECK
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Luis CABRAL	9302 SW 167 CT
Add Remove			MIAMI FC 33/96
2) Change Add	V_	SANDRA CABRAC	9302 SW 167 CT MINNI FC 33196
Remove 3) Change Add	_5_	LVIS CABILAL	9307 SW 167 CT MIAMI PC 33191
Remove 4) Change Add	_\$_	SANDRA CABRAC	
Remove 5) Change Add Remove			
6) Change Add			

E. If amending or adding additional Articles, enter change(s) here:	FILING CANCELLED
(Attach additional sheets, if necessary). (Be specific)	DUE TO RETURNED CHECK
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F. If an amendment provides for an exchange, reclassification, or ca	ncellation of issued shares,
provisions for implementing the amendment if not contained in t	he amendment itself:
(if not applicable, indicate N/A)	
$_{t}//A$	
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The date of each amendment(s) adoption:	05/07/20	19 , if other than the
date this document was signed.	05/07/20	
Effective date <u>if applicable</u> : (no n	nore than 90 days after amends	ment file date)
Note: If the date inserted in this block does not mee document's effective date on the Department of State's	t the applicable statutory filing	
Adoption of Amendment(s) (CHECK (<u>ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approva		ist for the amendment(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group		
"The number of votes cast for the amendment		roval
by(voting gre		"
(voting gre	oup)	
☐ The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholde	r action and shareholder
The amendment(s) was/were adopted by the incorporaction was not required.	orators without shareholder act	ion and shareholder
Dated05/07		FILING CANCELLED
Signature MML at	Pel	DUE TO RETURNED CHECK
•	r other officer – if directors or or – if in the hands of a receive t fiduciary)	
SA	NDRA CAB A	ZAL
(Typed	or printed name of person sign	ning)
	PRESÍDEN T	

(Title of person signing)