## P10000003981

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PICK-UP WAIT MAIL
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Amend

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Domino Insurance	Inc.	
DOCUMENT NUM	1BER: P20000003981		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Fabian Rodriguez		
		Name of Contact Persor	1
	Domino Insurance Inc		·
		Firm/ Company	
	14200 SW 57 Lane		
		Address	
	Miami, FL 33183		
		City/ State and Zip Code	:
	agarcia@dominoins.com		
	E-mail address: (to be us	sed for future annual report	notification)
	ion concerning this matter, pleas		721 1422
Arays Garcia		at (305	) 721-4433 de & Daytime Telephone Number
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
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)
A D P.	ailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Domino Insurance Inc	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P20000003981	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	13155 SW 134 St
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite 110
	Miami, FL 33186
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 ad- new registered agent and/or the new registered office address	ddress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	(City) , Florida(Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	<b>nt:</b> $r$ with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if applicable	

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). 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 Doc 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Arays Garcia	14200 SW 57 Lane
X Add			Miami, FL 33183
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

Attach additional	<pre>Iding additional Ar sheets, if necessary).</pre>	(Be specific)				
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f an amendment	provides for an exc	hange, reclassific	ation, or cancella	ation of issued s	hares,	
(if not applie	nplementing the amable, indicate N/A)	endment if not co	intained in the a	menament itseir	Ĺ	
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	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory tiling requirements epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the ame ufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
02/13/2020 Dated		
Signature	TIME TO THE PARTY OF THE PARTY	
(By a c	director, president on other officer – if directors or officers have need, by an incorporator – if in the hands of a receiver, trustee, or officed fiduciary by that fiduciary)	
	Fabian Rodriguez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	