

P230000064796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

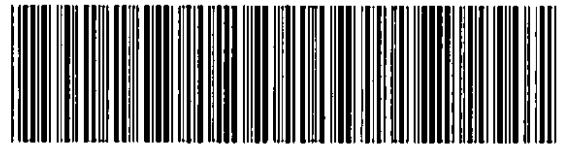
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100412335281

2022 Sep 26 AM 1:03
FALLS CHURCH, VA

COVER LETTER

10: Amendment Section
Division of Corporations

NAME OF CORPORATION: KINGDOM INSURANCE CORP

DOCUMENT NUMBER: P23000064796

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

Please return all correspondence concerning this matter to the following:

RONALD SAENZ

Name of Contact Person

KINGDOM INSURANCE CORP

Firm/Company

1001 E BAKER ST STE 403

Address

PLANT CITY, FL 33563

City/State and Zip Code

SAENZ-ASSOCIATES@OUTLOOK.COM

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

For further information concerning this matter, please call:

RONALD SAENZ

Name of Contact Person

813

Area Code

502-6176

Area Code & Daytime Telephone Number

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

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite #10
Tallahassee, FL 32303

09/25/2023

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

09/25/2023

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 amendment's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required

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)

Dated, 09/25/2023 _____

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)

RONALD SAINZ

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)