P23000064796

(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

COVER LETTER

TO: 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

1661 E BAKER ST STE 303
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 at 813 502-6176
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:

☐ $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 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

KINGDOM INSURANCE CORP

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

P23000064796

(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:

SHALOM INSURANCE CORP

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated," or the abbreviation "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***)

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

Florida street address

New Registered Office Address: , Florida
(USPS) (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

Check if applicable

The amendment(s) are being filed pursuant to s. 607.0120(11)(e), F.S.

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 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

_____
(voting group)

09/25/2023

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)

RONALD SAENZ

_____
(Typed or printed name of person signing)

VICE PRESIDENT

_____
(Title of person signing)