

P93000001767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

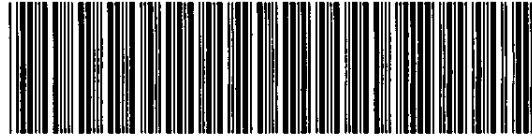
(Business Entity Name)

(Document Number)

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12 DEC 21 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2012

RONALD T PASCALE  
RONALD T. PASCALE HOLDINGS INC.  
9805 S.W. 124 TERRACE  
MIAMI, FL 33176 US

SUBJECT: AAA BRIAR BAY INSURANCE AGENCY, INC.  
Ref. Number: P93000001767

We have received your document for AAA BRIAR BAY INSURANCE AGENCY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment document you submitted is incomplete. We only recieved page 1 of the 4 pages. I have provided for your convenience, the missing pages 2-4. Please complete them in their entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White  
Regulatory Specialist

Letter Number: 112A00028897

RECEIVED  
12 DEC 21, AM 11:26  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



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Division of Corporations

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Letter Number: 112A00028897

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** AAA BRIAR BAY INSURANCE AGENCY INC.  
**DOCUMENT NUMBER:** P93000001767

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

Please return all correspondence concerning this matter to the following:

**RONALD T. PASCALE**

Name of Contact Person

RONALD T. PASCALE HOLDINGS, INC

Firm/ Company

9805 S.W. 124 TERRACE

Address

Miami FL 33176

City/ State and Zip Code

RONPASCALE@MAC.COM

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

For further information concerning this matter, please call:

**RONALD PASCALE**

Name of Contact Person

at (

786 ) 546-4744

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

h x 2093

Articles of Amendment  
to  
Articles of Incorporation  
of

AAA BRIAR BAY INSURANCE AGENCY INC

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

P93000001767

(Document Number of Corporation (if known))

FILED  
12 DEC 21 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

RONALD T. PASCALE HOLDINGS, INC

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)

10757 S.W. 104<sup>th</sup> St.  
Miami, FL 33176

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME as ABOVE

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 RONALD PASCALE

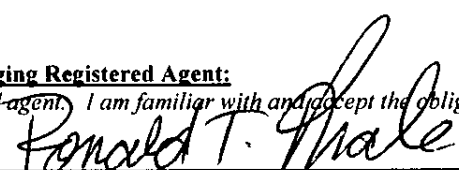
10757 S.W. 104<sup>th</sup> St.  
(Florida street address)

New Registered Office Address:

Miami, FL 33176  
(City) (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:**

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
2) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
3) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
4) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
5) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
6) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____

*NO CHANGES*

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

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

NO CHANGES

**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)

NO CHANGES

The date of each amendment(s) adoption: \_\_\_\_\_

12-4-12

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

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.

Dated \_\_\_\_\_

12-3-12

Signature \_\_\_\_\_

Ronald T. Ascale

(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 T. ASCALE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)