P95000033597

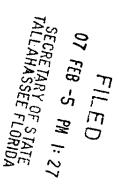
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
ŧ	:
, ,	
V.	¥.

Office Use Only



100082763201

01/29/07--01041--001 **43.75





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KLEAR TITL	E INSURANCE GROUP,	INC.
DOCUMENT NUMBER: P95000023597		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
HARVEY KOPELOWITZ		
(Name of	Contact Person)	
C/O KLEAR TITLE		
(Firm/	(Company)	
7251 WEST PALMETTO PA	ARK ROAD, #301	
(A	ddress)	
BOCA RATON, FLORIDA 334	433	
(City/ State	e and Zip Code)	
For further information concerning this matter, pl	ease call:	
HARVEY KOPELOWITZ	at (561) 392-2728	
(Name of Contact Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times \$\text{Certificate of Status}\$		☐ \$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 Circ Tallahassee, FL 32301	ile .



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2007.

HARVEY KOPELOWITZ 7251 W PALMETTO PARK RD #301 BOCA RATON, FL 33433

SUBJECT: KLEAR TITLE INSURANCE GROUP, INC.

Ref. Number: P95000023597

We have received your document for KLEAR TITLE INSURANCE GROUP, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

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) 245-6927.

Tracy Smith Document Specialist

Letter Number: 007A00007188

RECEIVED

Articles of Amendment Articles of Incorporation of

KLEAR TITLE INSURANCE GROUP, INC.

, i
9
38 3 %
Con the Contract of the Contra
The state of the s
K. O. J.
(6)
NOK.
,
-

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

KLEAR TITLE INSURANCE AGENCY, INC.	
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co (A professional corporation must contain the word "chartered", "professional association," or the abbreviation	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Num	ber(s)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	001(0)
(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issued shares, pro	wiaia
for implementing the amendment if not contained in the amendment itself: (if not applicable, ind	
N/A	
N/A	

(continued)

The date of each amendment(s) adoption:
Effective date if applicable: 1 March 1, 2007 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were approved 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.
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)
HARVEYKOPELOWITZ
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)

FILING FEE: \$35