

P96000082922

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99 AUG 26 PM 1:39
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TALLAHASSEE, FLORIDA

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LAZARUS CORPORATE FILING SERVICE, INC.
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LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Rely Insurance (West Hialeah), Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

C. GOULLETTE AUG 26 1999

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 24, 1999

LAZARUS

TALLAHASSEE, FL

SUBJECT: RELY INSURANCE (WEST HIALEAH), INC.
Ref. Number: P96000082922

We have received your document for RELY INSURANCE (WEST HIALEAH), INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 699A00042433

RECEIVED
99 AUG 26 AM 11:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

FILED
99 AUG 26 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
RELY INSURANCE (WEST HIALEAH), INC.

Pursuant to the provision of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment of its articles of incorporation:

FIRST: Amendment(s) adopted:

ARTICLE FIVE
REGISTERED AGENT

The Registered Agent of this Corporation is hereby changed from REINALDO A. AZAN to ELSA A. AZAN.

ARTICLE SIX
OFFICERS AND DIRECTORS

The following are hereby named and elected as the new Officers and Directors of the Company:

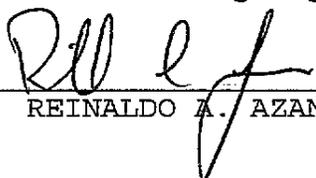
DIRECTOR/PRESIDENT/SECRETARY/TREASURER ELSA A. AZAN

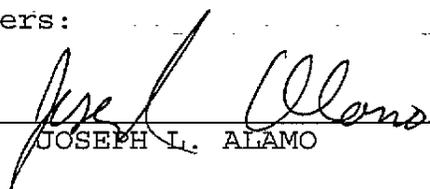
The following hereby resign as Officers/Directors of the Company:

DIRECTOR/PRESIDENT REINALDO A. AZAN
DIRECTOR/SECRETARY/TREASURER JOSEPH L. ALAMO

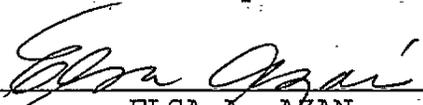
That the corporation has been notified in writing of the newly elected officers and directors and the resignation of the outgoing officers and directors.

Signature of Resigning Directors and Officers:


REINALDO A. AZAN


JOSEPH L. ALAMO

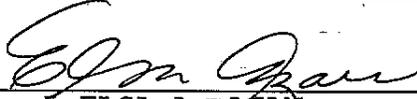
Signature of Acceptance of new Registered Agent:


ELSA A. AZAN

THESE ARTICLES OF AMENDMENT WERE ADOPTED ON THE 2ND DAY OF JANUARY, 19 99. THE CORPORATION HAS ONLY ONE GROUP OF VOTING STOCK. THESE AMENDMENTS WERE UNANIMOUSLY ADOPTED. THESE AMENDMENTS WERE APPROVED BY ALL THE SHAREHOLDERS OF ALL THE OUTSTANDING STOCK OF THE CORPORATION. THE NUMBER OF VOTES CAST FOR AMENDMENT WAS SUFFICIENT FOR APPROVAL.

RELY INSURANCE (WEST HIALEAH), INC.

By: _____



ELSA A. AZAN
PRESIDENT/SECRETARY

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Rely Insurance (West Hialeah), Inc.

2. The name and address of the registered agent and office is:

Elsa A. Azan

(NAME)

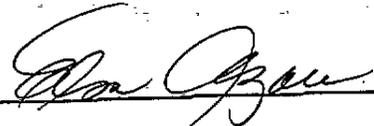
4898 NW 7 Street

(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33126

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 8/20/99

REGISTERED AGENT FILING FEE: \$35.00