

P96000082924

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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

FILED  
AUG 26 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9000002968859--7

-08/24/99--01053--017

\*\*\*175.00 \*\*\*\*\*35.00

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

1. Relay Insurance (West dade), Inc  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:06

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED  
AUG 24 AM 11:41  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<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. COULLETTE 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 DADE), INC.  
Ref. Number: P96000082924

We have received your document for RELY INSURANCE (WEST DADE), 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: 599A00042432

RECEIVED  
99 AUG 26 AM 11:42  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILED  
99 AUG 26 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

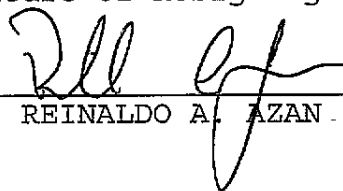
DIRECTOR/PRESIDENT/SECRETARY/TREASURER ELSA A. AZAN

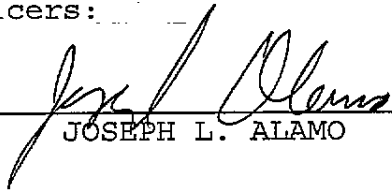
The following hereby resign as Officers/Directors of the Company:

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, 1999. 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 DADE), 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 Dade), Inc.

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

Elsa A. Azan

(NAME)

4898 NW 7 Street

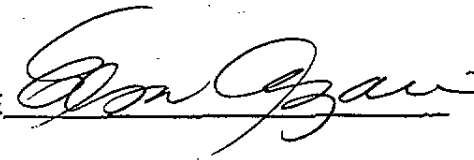
(P.O. BOX NOT ACCEPTABLE)

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