P970000 67849

| (Re | equestor's Name) | | | | |
|---|--------------------|-----------|--|--|--|
| (Ac | ddress) | | | | |
| (Ac | ddress) | | | | |
| (Ci | ty/State/Zip/Phone | · #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only

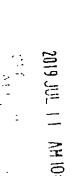


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Letter Number: 119A00013480



July 3, 2019

MITCHELL GRUDIN 2727 ELEANOR WAY WELLINGTON, FL 33414

SUBJECT: INSURANCE MANAGEMENT CORPORATION

Ref. Number: P97000067849

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

Please add the last name to your officer/ director Rayven.

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) 245-6050.

Catherine M Wood Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: INSULANCE MANAGEMENT CORP DOCUMENT NUMBER: P970000007849 |
|---|
| DOCUMENT NUMBER: 19700000 7849 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Contact Person Insurance Hanagener (o) |
| Wellington FC 33414 City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Mitchell Gruin at (954) 298-5499 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 Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certificate of Status \$35 Filing Fee Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

| _ | of 1 | 1 | | |
|--|--|------------------|----------|------------------|
| Insu | ANCE MANADEMENT (| <u> </u> | 0 | |
| (Name of Corporati | ion as currently filed with the Florida Dept. of State) | | 1 | |
| <u> </u> | 10000 67849 | . | | |
| (Docur | ment Number of Corporation (if known) | | | |
| Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation: | a Statutes, this Florida Profit Corporation adopts the fol | lowing an | nendin | ent(s) to |
| A. If amending name, enter the new name of the co | orporation: | | | |
| | · · · · · · · · · · · · · · · · · · · | | e nev | |
| "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the | | | | |
| B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u> | | | | |
| | | | | |
| | | | | |
| C. Enter new mailing address, if applicable: | w. | | | |
| (Mailing address <u>MAY BE A POST OFFICE BO</u> | <u></u> | _ | 201 | |
| | | AC: | <u>=</u> | - |
| | | ≱:: | | - |
| D. If amending the registered agent and/or register | red office address in Florida, enter the name of the | Ass | _ | ्री स्वरूप्या |
| new registered agent and/or the new registered | | COUNTY COUNTY | 圣 | 3 |
| Name of New Registered Agent | | | ~ | (harried |
| | | fr: | 7 | |
| | (Florida street address) | | | |
| New Registered Office Address: | , Florida | | | |
| | (City) | (Zip Code | ·, | |
| | | | | |
| N - B - 1 - 1 - 1 - 2 - 8' - 2 - 2 - 10 - 1 - 2 - 2 | | | | |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | <u>ustered Agent:</u> I am familiar with and accept the obligations of the posi | tion. | | |
| | | | | |
| | | | | |
| Sion | nature 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: X Change | <u>PT</u> | John D | <u>oe</u> | | | |
|-------------------------------|--------------|----------|-------------------|-------------|------------------------------|-----|
| X Remove | <u>V</u> | Mike J | ones | | | |
| <u>X</u> Add | <u>sv</u> | Sally S | றுit h | | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | Address | |
| 1) Change | I | _ | Rayven | Grosin | 2727 Fleanor Wellington FC 3 | UA- |
| X Add | | | • | | Wellington FC 3 | 341 |
| Remove | | | | | <u>.</u> | |
| 2) Change | | <u> </u> | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 3) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 6) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |

| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| f an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: |
| | |
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| | |

| The date of each amendment(s) adoption: _ | Jue 18 2019 | , if other than the |
|---|--|---------------------------------------|
| late this document was signed. | į | |
| Effective date <u>if applicable</u> : | June 18 2019 | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does document's effective date on the Department | not meet the applicable statutory filing requirements, of State's records. | , this date will not be listed as the |
| Adoption of Amendment(s) (<u>C</u> | CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | ne shareholders. The number of votes east for the amer or approval. | ndment(s) |
| | the shareholders through voting groups. The following ing group entitled to vote separately on the amendment | |
| "The number of votes cast for the an | nendment(s) was/were sufficient for approval | |
| by | | |
| (1 | voting group) | |
| ☐ The amendment(s) was/were adopted by the action was not required. | ne board of directors without shareholder action and sha | archolder |
| The amendment(s) was/were adopted by the action was not required. | ne incorporators without shareholder action and shareho | older |
| Dated | UR 18 2319 | |
| Signature | | |
| (By a director, pr selected, by an in | resident or other officer — directors or officers have no accorporator — if in the hands of a receiver, trustee, or other ary by that fiduciary) | |
| | (Typed or printed name of person signing) | din Project |
| | (Typed of printed name of person signing) | |
| | (Title of person signing) | |