

FROM : LAZARUS
Division of Corporations

FAX : (305) 220-1440

SEP 13 2007 12:53 PM P1

P99000028449

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000227992 3)))



H070002279923ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP 13 AM 10:09

FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN

BEST BUY INSURANCE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Amend

T. Roberts SEP 14 2007

9/12/2007 4:02 E

FROM : LAZARUS
50-205-0381

FAX NO. : 3052201440
9/13/2007 10:44 PAGE 001/001

Sep. 13 2007 02:56PM P2
Florida Dept of State



September 13, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BEST BUY INSURANCE CORP.
960 SW 137 AVENUE
MIAMI, FL 33186

SUBJECT: BEST BUY INSURANCE CORP.
REF: P99000028449

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check only on box under the adoption of amendment.

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) 245-6892.

Tina Roberts
Document Specialist

FAX Aud. #: H07000227992
Letter Number: 807A00054200

RECEIVED
2007 SEP 13 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM : LAZARUS

FAX NO. : 3852201440

Sep. 13 2007 02:57PM P3

H 07 000 227992

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

**FILED
07 SEP 13 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

BEST BUY INSURANCE CORP.
(PRESENT NAME)

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

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Directors shall now read as follows:

DELETE: DONALD PERNUDIPRESIDENT

ADD: FLOR MARINA SACASAPRESIDENT

New Registered Agent

**FLOR MARINA SACASA
1154 N.E. 32nd Ave, Homestead, Florida 33060**

SECOND: 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, are as follows.

H 07 000 227992

H 07000227992

THIRD: The date of each amendment's adoption: 9-1-07

FOURTH: Adoption of Amendment(s) (check one)

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately for each voting group entitled to vote separately on each 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.Signed this 1st day of September, 2007.

Signature

(By the Chairman or Vice Chairman of the directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

DONALD PERNUDI

Typed or printed name

Title President

Having been named as registered agent and to accept service of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

John Maria Lucena
Registered Agent Signature

H 07000227992