5/1244

(Re	questor's Name)	
LA)	41000	·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(00	cument Number)	
Certified Copies	_ Certificates	of Status
		•
Special Instructions to	Filing Officer:	
	•	

Office Use Only



100163526341

12/14/09--01015--022 **43.75

Amens

FILED

09 DEC 23 FM 3: 31

SECRETARY OF STATE
SECRETARY OF STATE

th Bobara DEC 23 Mills



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2009

ALBERT PEREZ FLORIDA INSURANCE & ACCOUNTING P O BOX 651221 MIAMI, FL 33265

SUBJECT: FLORIDA INSURANCE & ACCOUNTING SERVICES, INC.

Ref. Number: S11244

We have received your document for FLORIDA INSURANCE & ACCOUNTING SERVICES, 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):

Please check only one 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 Regulatory Specialist II

Letter Number: 709A00038324

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION:	Florida In	suran	ce & Acco	ounting S	Services Ir	<u>IC</u>
DOCUMENT NU	MBER:	·		S11:	244		
The enclosed Artic	eles of Amendme	nt and fee are s	ubmitte	d for filing.			
Please return all co	orrespondence co	ncerning this m	atter to	the followin	g:		
				PEREZ			
		Name	or Cona	act reison			
	Flo	rida Insurance			vices Inc		
		Fi	rm/ Con	npany			
		PO		551221			
			Addre	SS			
				33265			
		City/ S	State and	Zip Code			
	E-mail addr	keys345 @ C ess: (to be used for	future a	AST.NET	tification)		
For further information	ation concerning	this matter, plea	ase call	:			
A	of Contact Person		_ at (_	305	46	61-4884	<u> </u>
Enclosed is a check	k for the followir	ng amount made	payab	le to the Flor	ida Depart	ment of State	; ;
□ \$35 Filing Fee	☐ \$43.75 Filing Certificate of		Cer	.75 Filing Fee & tified Copy ditional copy is		S52.50 Fili Certificate Certified C (Additional	of Status
<u>Mailing Ao</u> Amendmer				t Address	on		
Division of	Corporations		Divis	ion of Corpo	rations		
P.O. Box 6 Tallahassee	327 e, FL 32314			n Building - Executive C		2	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

to	<i>t</i> ~
Articles of Inc	ng Services Inc. TACLAR ASSECRE the Florida Dept. of State) The florida Dept. of State The florida Dept. of State
of	SECO 23 PM
Florida Insurañce & Accountir	ng Services Inc. ACLANA 3:3,
(Name of Corporation as currently filed with	the Florida Dept. of State)
S11244	
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
	The new
name must be distinguishable and contain the word "cor abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associ	poration," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	80 CENTRAL AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	KEY LARGO, FL 33037
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P O BOX 651221
	MIAMI FL 33265
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	ldress:
Name of New Registered Agent: ALBERT PE	REZ
New Registered Office Address: (Flor	rida street address)
(City	, Florida) (Zip Code)
(Cuy	, Lip coue,
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam.	
i nerevy accept the appointment as registered agent. I am jam	unar wantana accept the obligations of the position.
Signature of No.	v Registered Agent, if changing
Signature Of Nev	v negovereu ngem, y enungmg

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRE	ALBERT E PEREZ	12741 N W 11 STREET MIAMI FL 33182	_ □ Add □ ☑ Remove
PRE	ALBERT PEREZ	80 CENTRAL AVE KEY LARGO, FL 33037	
	ling or adding additional Articles, educational sheets, if necessary). (Be s		
MR ALBE	RT PEREZ WILL BE THE NEW	V REGISTER AGENT AND PRE	SIDENT
EFFECTI	/E OCTOBER 7,2009.		
			
provisio		e, reclassification, or cancellation of is not if not contained in the amendment	
	· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·

The date of each amendme	nt(s) adoption: October 7,2009
Effective date <u>if applicable</u>	(date of adoption is required)
<u> ирражио</u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s	(CHECK ONE)
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	were approved by the shareholders through voting groups. The following statemen ded for each voting group entitled to vote separately on the amendment(s):
"The number of vote	es cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	were adopted by the board of directors without shareholder action and shareholder
action was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated_Oc	tober 7,2009
Signature	By a director, president or other officer—if directors or officers have not been
Se	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	ALBERT PEREZ-PRESIDENT
	(Typed or printed name of person signing)
	President
	(Title of person signing)