FO CONTINUE ER 50 6

TO: Amendment Section Division of Corporations

SUBJECT: (Name of corporation)	
DOCUMENT NUMBER:	F01000005016 _
The enclosed Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	8000055552980 -05/16/0201060009 *****43.75 *****43.75
Marjorie Nemzura (Name of person)	en e
Chicago Title	
(Name of firm/company)	OZ TALI
171 N. Clark Street - 8th Floor (Address)	P 16 02 HAY 16 SECRETAR ALLAHASS
Chicago, IL 60601-3294	E P
(City/state and zip code)	T. S.
For further information concerning this matter, please call:	RIDA RIDA
Marjorie Nemzura at (312)	223-4552
(Name of person) (Area code &	daytime telephone number)

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 Street Address:

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

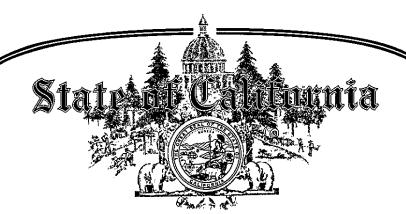


PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

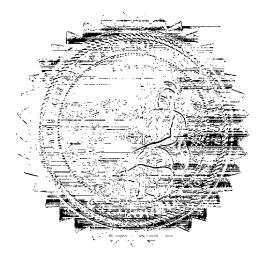
	F010000	005016	
	Document Number of Corpor	ation (If known)	FLORE STATE
1	Heritage American Insurance Services	s, Inc.	gr.
	(Name of corporation as it appears on the reco		
2	California	3. 9/25/02	
	(Incorporated under laws of)	(Date authorized to do busin	ess in Florida)
	SECTION I (4-7 complete only the app		
4. If th	e amendment changes the name of the corporation, when	was the change effected unde	er the laws of
its j	urisdiction of incorporation? 4/4/02	*	ساده مغملات العامل اللها اللها الم
5 (Nam not c	Chicago Heritage Insurance Services, Inc e of corporation after the amendment, adding suffix "corporation" "contained in new name of the corporation)	company" or "incorporated," or app	propriate abbreviation, if
6. If th	e amendment changes the period of duration, indicate nev	v period of duration.	
<u>.</u> :	(New duration))	
7 Ifth	e amendment changes the jurisdiction of incorporation, in		_
,, 11 (11	amonament enanges the jurisdiction of meorpotation, in	dicate new jurisdiction.	
	(New jurisdiction	on)	ide i − − − − − − − − − − − − − − − − − −
<u>-</u> .a.	Mayoul Menauta (Signature of the chairman or vice chairman of the board,	5/14/02 (Date)	
	president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)	(Date)	
-	Marjorie Nemzura	Vice President	<u> </u>
•	(Typed or printed name)	(Title)	



SECRETARY OF STATE

CERTIFICATE OF FILING

I, BILL JONES, Secretary of State of the State of California, hereby certify:
That on the **4th day of April**, **2002**, there was filed in this office an amendment changing the corporation name from **HERITAGE AMERICAN INSURANCE SERVICES**, **INC.**, a California corporation, to **CHICAGO HERITAGE INSURANCE SERVICES**, **INC.**.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 26, 2002.

BILL JONES Secretary of State

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