F180000000136

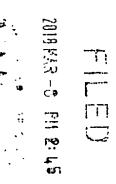
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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I ALBRITTON

COVER LETTER

10: Amendment Section Division of Corporations	
SUBJECT: Argos Group	Inc.
DOCUMENT NUMBER: F 180000	•
The enclosed Amendment and fee are sub-	
Please return all correspondence concernir	
Jordan Brooks Name of Contact Person	
Stead Point Insurance	_
Firm/Company	
2200 Resource Drive, 5	te. 101
Birmingham AL 3529 City/State and Zip Gode	
jordan@ argasins. Co JE-mail address: (to be used for future and	
For further information concerning this ma	atter, please call:
Jordan Brooks Name of Contact Person	at (<u>205</u>) <u>281 - 7871</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	unt:
\$35.00 Filing Fee S43.75 Filing Fee Certificate of Stat	\$ \$43.75 Filing Fee & S52.50 Filing Fee. Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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.) The state of the s SECTION I (1-3 MUST BE COMPLETED) F18000000736 (Document number of corporation (if known) Argos Group, Inc.
(Name of corporation as it appears on the records of the Department of State) Alabama
3. February 13, 2018
(Incorporated under laws of)
(Date authorized to do business in Florida) **SECTION II** (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) 4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? February 7, 2018 Steadfoint Insurance Group, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation) (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 6. If the amendment changes the period of duration, indicate new period of duration. 7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction. (New jurisdiction) 8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) red or printed name of person signing) (Title of person signing)

John H. Merrill Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate, and literal copy of the Articles of Amendment filed on behalf of STEADPOINT INSURANCE GROUP, INC., as received and filed in the Office of the Secretary of State on 02/06/2018.



20180308000023568

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

03/08/2018

Date

X 24. Menill

John H. Merrill

Secretary of State

STATE OF ALABAMA

DOMESTIC BUSINESS CORPORATION AMENDMENT TO FORMATION/ARTICLES

PURPOSE: In order to amend a Business Corporation's (formerly known as For-Profit Corporation) Certificate of Formation/Articles of Incorporation under Section 10A-2-10.06 of the <u>Code of Alabama 1975</u> this Amendment and the appropriate filling fees must be filed with the Office of the Judge of Probate in the county where the corporation was initially formed/incorporated.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the corporation's Certificate of Formation was recorded. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money

County Division Code: AL040 Inst. # 2018009084 Pages: 1 of 3 I certify this instrument filed on 1/30/2018 10:57 AM Doc: PAMEND Alan L.King, Judge of Probate Jefferson County, AL, Rec: \$38.00

Clerk: DAVENPORT

(For County Probate Office Use Only)

order payable to the Secretary of State for the state filing fee of \$50.00 and the Judge of Probate's Office will transmit the fee along with a certified copy of the Amendment to the Office of the Secretary of State within 10 days after the filing is recorded. Once the Secretary of State's Office has indexed the filing, the information will appear at www.sos.alabama.gov under the Government Records tab and the Business Entity Records link — you may search by entity name or number. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your Amendment will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

This form must be typed or laser printed.

		•				
1.	The name of the corporation from the Certificate of Formation/Articles of Incorporation:					
	ARGOS GROUP, INC.					
	The date the Certificate of Formation was filed in the county:05/11/2007(format MM/DD/YYYY)					
3.	The titles, dates, and places of filing of any previous Amendments: Attach a listing if necessary.					
4.	Alabama Entity ID Number (Format: 000-000): 252 - 682 INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: If you do not have this number immediately available, you may obtain it on our website at www.sos.alabama.gov under the Government Records tab. Click on Business Entity Records, click on Entity Name, enter the registered name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct					
	entity - this verification step is strongly recommended.	(For SOS Use Only)				
Joi 22 Bir	s form was prepared by: (type name and full address) rdan Brooks 00 Resource Drive, Ste. 101 mingham, AL 35242 FEB 0 6 2018 FEB 0 6 2018 Com Amendment - 6/2016 page 1 of 2	Alabama Sec. Of State Entity Change 252-662 Date 2/06/2018 Time 11:30 180206 4 Pg File \$50.00 Ackn \$.00 Exp \$100.00 Total \$150.00				
DΒ	Corp Amendment - 6/2016 page 1 of 2	63/612				

DOMESTIC BUSINESS CORPORATION AMENDMENT

[Instruction on Amendment completion: Be very specific shout what must be changed if you are amending existing information. If the amendment includes a name change, a copy of the Name Reservation form issued by the Office of Secretary of State must be attached.

Registered agents and registered agent addresses are changed by filing a Change Of Registered Agent Or Registered Office By Entity form directly with the Office of the Secretary of State (the new agent's signature is required agreeing to accept responsibility). You may file the information as an Amendment also, but the change form must be on file with the Secretary of State per 10A-1-3.12(a) (2) to effect the change in the public records database.]

The following amendme	ent was adopted on 01 / 19 / 2018 (format MM/DD/YYYY):
The FIRST section of the	ne charter is hereby deleted in its entirety and replaced with the following:
"FIRST: The name of the	ne Corporation is Steadpoint Insurance Group, Inc."
	
_	
Additional Amendm	nents and the dates on which they were adopted are attached.
Item 6, 7, or 8	MUST be checked/completed with any appropriate attachments.
required.	ors without shareholder action approved the Amendment. Shareholder action was not
<u> </u>	proved the Amendment. The total number of votes entitled to be cast was 10,000
(information is requi	ired for item a or b). Complete one of the following:
a. The total nur	imber of votes cast for amendment was 10,000 and the total number of votes cast
	ndment was 0
b. The total nur	unber of undisputed votes cast for amendment was which was a sufficient number
	approve amendment.
Amendment by voti	ing groups was required; the information required in item 5 above is provided for each
voting group and is a	attached to and made part of this Domestic Business (brogation Amendment
document.	110/201111 1/1 7 (66)
	RIOTAL / MULL
1 / 19 / 2018 tate (MM/DD/YYYY)	Signature as required by 18A-2-1.20
ate (MIMDED/1111)	•
	Ognovan H. Gravisa. Jr. Typed Name of Above Signature
	Typed Marine of Monac Sifturence
	Director
	Typed Title/Capacity to Sign under 10A-2-1.20

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

STEADPOINT INSURANCE GROUP, INC.

This name reservation is for the exclusive use of JORDAN BROOKS, 2200 RESOURCE DRIVE STE 101, BIRMINGHAM, AL 35242 for a period of one year beginning January 26, 2018 and expiring January 26, 2019



RES153818

In Testimony Whereof, I have hereunto set my hand and affixed the Great Scal of the State, at the Capitol, in the city of Montgomery, on this day.

January 26, 2018

Date

X.W. Muill

John H. Merrill

Secretary of State

Alabama S. Of State	Change	2/06/2018 11:30 4 Pg	\$58.88 \$1.88 \$1.88	\$150.00
Sec. 0	Entity 250-662	Date Time 180206	File Ackn Exp	Total 83/812

Jefferson County

I, the Undersigned, as Judge of Probate in and for said County, in said State, hereby certify that the foregoing is a full, true and correct copy of the instrument with the filing of same as appears of record in this office in Inst. # 201 700 90 84

Given under my hand and official seal, this the __30

day of Jan 2. 12018

Judge of Probate