

Division of Corporations

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544312

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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Annette
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
J.M.I.C. LIFE INSURANCE COMPANY**

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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January 30, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

J.M.I.C. LIFE INSURANCE COMPANY
500 JIM MORAN BLVD.
DEERFIELD BEACH, FL 33442US

SUBJECT: J.M.I.C. LIFE INSURANCE COMPANY
REF: J44312

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

The Chief Financial Officer is the statutory agent for service of process for the subject entity and cannot be changed.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H14000024147
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

Office of Administration

11/30

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: J.M.I.C. Life Insurance Company

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frederic Garsson, Esq.

Name of Contact Person

Saul Ewing LLP

Firm/ Company

One Riverfront Plaza

Address

Newark, New Jersey 07102

City/ State and Zip Code

fgarsson@saull.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frederic Garsson, Esq.

Name of Contact Person

at (973) 286-6719

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
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

FILED

2014 JAN 30 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

(Name of Corporation as currently filed with the Florida Dept. of State)

J.M.I.C. Life Insurance Company

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ShelterPoint Insurance Company

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

100 East Flagler Street

Miami, Florida 33131

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

600 Northern Blvd.

Suite 310

Great Neck, New York 11021

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change	D	Richard A. White	600 Northern Blvd.
☒ Add			Suite 310
☐ Remove			Great Neck, NY 11021
2) ☐ Change	D	Bruce L. Wallach	600 Northern Blvd.
☒ Add			Suite 310
☐ Remove			Great Neck, NY 11021
3) ☐ Change	D	Constantine T. Lappas	600 Northern Blvd.
☒ Add			Suite 310
☐ Remove			Great Neck, NY 11021
4) ☐ Change	D	David G. Melman	600 Northern Blvd.
☒ Add			Suite 310
☐ Remove			Great Neck, NY 11021
5) ☐ Change	D	Lee T. Hartmann	600 Northern Blvd.
☒ Add			Suite 310
☐ Remove			Great Neck, NY 11021
6) ☐ Change			
☐ Add			
☐ Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Paragraph 6 of the Articles is amended to read:

The Corporation's offices shall be as follows:

the principal corporate office address shall be 100 East Flagler Street, Miami, Florida 33131, the principal administering office address shall be 600 Northern Boulevard, Suite 310, Great Neck, New York 11021, the New Jersey satellite office address shall be One Gateway Center, Suite 2600, Newark, New Jersey 07102. The Board of Directors may from time to time choose different office locations for this Corporation.

F. 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:

(If not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: January 28, 2014 if other than the date this document was signed.

Effective date if applicable: January 28, 2014
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

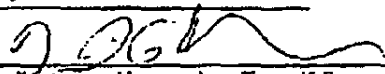
by _____
(voting group)

☐ 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.

Dated January 28, 2014

Signature


(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

David G. Melman

(Typed or printed name of person signing)

Director

(Title of person signing)