

PD4000003580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

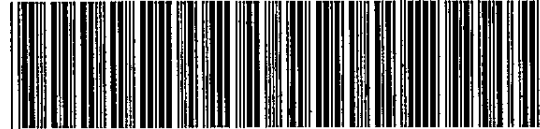
(Document Number)

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Amend  
@ 4/14/04



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03/31/04--01024--017 \*\*35.00

FILED  
04 MAR 31 PM 1:10  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHANGE ARTICLES OF CORPORATION

**DOCUMENT NUMBER:** P04000003580

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

Please return all correspondence concerning this matter to the following:

**EDGARDO D LAMBERT**

(Name of Person)

**INTEGRAL INSURANCE GROUP, INC**

(Name of Firm/ Company)

**50 W. 4th STREET # 13**

(Address)

**HIALEAH FL 33010**

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

**EDGARDO D LAMBERT**

(Name of Person)

at ( **305** ) **805-8714**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
04 MAR 31 PM 1:10  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**INTEGRAL INSURANCE GROUP, INC**

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

**P04000003580**

(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:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

**ARTICLE II: THE PRINCIPAL PLACE OF BUSINESS ADDRESS:**

**100 MADINSON AVE IMMOKALEE FL 34142**

**THE MAILING ADDRESS OF THE CORPORATION IS:**

**50 W. 4th STREET #13 HIALEAH FL 33010**

**ARTICLE V: THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED**

**AGENT IS: EDGARDO D LAMBERT 50 W. 4th Ave # 13 HIALEAH FL 33010**

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

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04 MAR 31 PM 1:10  
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 3/15/2004

Effective date if applicable: 3/15/2004  
(no more than 90 days after amendment file date)

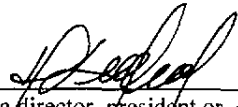
Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved 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.

Signed this 15 day of MARCH, 2004.

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)

Edgardo D. Lambert.  
(Typed or printed name of person signing)

CEO  
(Title of person signing)

FILING FEE: \$35