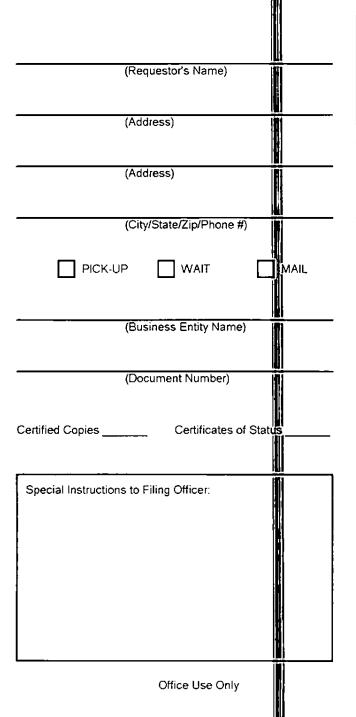
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Three	Sisters Insurance Inc
DOCUMENT NUMBER: Y() +() OU	095102
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	II natter to the following:
Danielle	Jarrett
	Name of Contact Person
Three Sist	S INSURACE. INC.
a2 0 FY61	na Hill Dr.
	Address
Spring It	N FC 34609
,)	City/ State and Zip Code
accellinsuran	psed for future annual report notification)
E-mail address: (to be	used for future annual report notification)
P. C. d. C. wain and a single strength of the same of	11.
For further information concerning this matter, ple	ase call:
Marielle Darrett	at (352) 684-4669
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
✓ \$35 Filing Fee ☐\$43.75 Filing Fee &	□\$43.75 Filing Fee & □\$52.50 Filing Fee
Certificate of Status	Certified Copy Certificate of Status
	(Additional copy is Certified Copy
	enclosed) (Additional Copy ; is enclosed)
Mailing Address	Street Address Amendment Section
Amendment Section Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	01
Three Sisters Insu	rance Inc.
(Name of Corporation as	currently filed with the Florida Dept. of State)
P070000951021	
(Document N	lumber of Corporation (if known)
its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
NIA	The new
	orporation," "company," or "incorporated" or the abbreviation oc," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	NIA NIA
(Principal office address <u>MUST BE A STREETÄDDRESS</u>	<u>)</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
	·
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	2. Jarrett
is the same of the	Sies Hill De
OF OF	lorida street address)
New Registered Office Address:	(City), Florida 34009 (Zip Code)
I hereby accept the appointment as registered agent. I am J	Camiliar with and accept the obligations of the position.
Daiole	of New Registered Agent, if changing
i≣i	

			t i			
address of each Officer	and/or D	irector being		h officer/di	rector being removed and title, name, and	l
(Attach additional sheets, Please note the officer/dir	rector titl	e by the first let	ter of the office title:			
P = President; V = Vice i	President	t; T= Treasure	S= Secretary; D= Directo	r; TR= Tru	stee; C = Chairman or Clerk; CEO = Chie, an one title, list the first letter of each office	f
Executive Officer; CFO	= Chief I	Financial Office	If an officer/director hol	ds more the	an one title, list the first letter of each office	2
held. President, Treasure.	r, Directo	or would be PTJ	D.			
Changes should be noted	in the fo	llowing manne	Currently John Doe is list	ed as the PS	ST and Mike Jones is listed as the V. There is	٤
a change, Mike Jones lea Mike Jones, V as Remove	ves the c	orporation, Sai In Smith, SV as	y Smiin is namea the v ana m Add	S. These sn	ould be noted as John Doe, PT as a Change,	•
Example:	, ana sai	iy Sman, Sr as	11 Aug.			
X Change	<u>PT</u>	John Doe	:	:		
V D	V	Mila lanca				
X Remove	<u>V</u>	Mike Jones		•		
X Add	<u>sv</u>	Sally Smith				
Tues of Varion	Tiel.	Name			Addracs	
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>			Address	
	$ \mathcal{T} $		Tors	4	12171 Sai 1211 AC	
1) X Change	1		bielle Jarre	27-1	104 H) JONNA TITLI LIV.	_
Add		i	i	<	Dona Hill PL3460	_
		1		_		
Remove		ŀ				
				ı		
2) Change		[
Add		i				
Remove						
3) Change	-	_	<u> </u>			
Add						
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Remove		1			<u> </u>	
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4) Change						
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Add			1			
Remove		<u> </u>				
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5) Change		- -	<u>[</u>]			
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Remove		18				
		<u> </u>				
6) Change		_	<u></u>			
Add						
Remove						

E. If amending or adding additional Artic	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be <mark>s</mark> pecific)
NIA	
	
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	A
	
	181 181
	<u>[]</u>
F. If an amendment provides for an exch-	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
1 -11	
	<u>1813</u>

	N in the second
The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date <u>if applicable</u> : 10-33-1	7
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does no document's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as the tate's records.
Adoption of Amendment(s) (CHE	ONE)
The amendment(s) was/were adopted by the sb by the shareholders was/were sufficient for ap	areholders. The number of votes east for the amendment(s) proval.
The amendment(s) was/were approved by the must be separately provided for each voting g	hareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	ment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(votik 	g group)
☐ The amendment(s) was/were adopted by the be action was not required.	pard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder action and shareholder
Dated 1 - 1 +	
Signature Signature	latt.
(By a director, presid	ent or other officer – if directors or officers have not been
selected, by an incor appointed fiduciary b	porator—if in the hands of a receiver, trustee, or other court yether fiduciary)
Daniel	le Jarrett
(T	yped or printed name of person signing)
Presid	00+
	(Title of person signing)
	18 1