

PD7000/00541

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status ☒

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Office Use Only



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*M*  
*Efficient date*  
*1-31-13*

FILED  
13 JAN 14 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 15 2013

T. ROBERTS

# Custegra<sup>TM</sup>

5215 North O'Connor Boulevard, Suite 1200, Irving, Texas 75039  
(972) 331-1000 Fax: (972) 331-1009

Via Regular Mail

January 7, 2013

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Articles of Amendment to Articles of Incorporation – Custegra Guaranty, Inc.

Dear Sir/Madam:

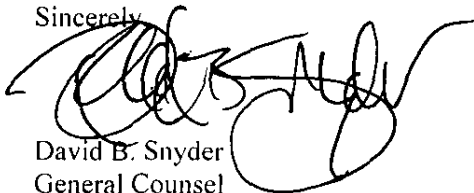
Ethos Group Guaranty, Inc., a Florida corporation, requests amendment to its Articles of Incorporation in order to amend the corporation name to Custegra Guaranty, Inc. Accordingly in support of our request, please find enclosed herein for filing:

- (1) One original and one (1) copy of the *Articles of Amendment to Articles of Incorporation* ("Amendment"); and
- (1) Check No. 1061 in the amount of \$43.75 to cover the fees for filing as well as a copy of the Certificate of Status once the amendment has been filed.

Once the Amendment has been processed, please return to me a file-stamped version of the Amendment in the pre-addressed, pre-paid return envelope which we have enclosed herein.

Thank you for your attention to this matter. If you have any questions or concerns, please feel free to give me a call.

Sincerely,



David B. Snyder  
General Counsel  
Senior Vice President  
Chief Compliance Officer  
Secretary

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Ethos Group Guaranty, Inc.

DOCUMENT NUMBER: P07000100541

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

Please return all correspondence concerning this matter to the following:

Brandy Moreland

Name of Contact Person

Ethos Group, Inc.

Firm/ Company

5125 O'Connor Blvd., Suite 1200

Address

Irving, Texas 75039

City/ State and Zip Code

bmoreland@ethosgroup.com

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

For further information concerning this matter, please call:

Brandy Moreland

Name of Contact Person

at ( 972 ) 331-1020

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

Articles of Amendment  
to  
Articles of Incorporation  
of

Ethos Group Guaranty, Inc.

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

P07000100541

(Document Number of Corporation (if known))

*Effected date*  
*1-31-13*

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:**

Custegra Guaranty, Inc.

*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)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**FILED**  
**13 JAN 16 PM 1:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
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<input type="checkbox"/> Add			_____
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4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
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<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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

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(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: December 31, 2012

Effective date if applicable: January 31, 2013

(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

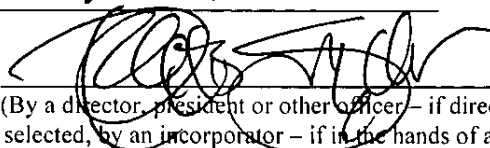
by \_\_\_\_\_."  
(voting group)

☐ 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, 2013

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 B. Snyder

(Typed or printed name of person signing)

GC, SVP, CCO, Secretary

(Title of person signing)