P17000058792

(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	Filing Officer:	
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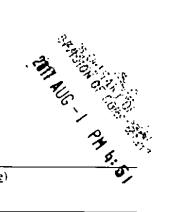
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COVER LETTER

		COVER LETTER		
TO: Amendment Section Division of Corporation				
NAME OF CORPOR	ATION: PROTECTION PI	AN GROUP CORP		
DOCUMENT NUMB	er: <u>P/700</u> 0	<u> 2058792</u>		
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing		
Please return all corresp	nondence concerning this ma	tter to the following:		
1	BRAD SNYDER	i		
		Name of Contact Person	1	
	SQUARETRADE, INC.			
	-	Firm/ Company	<u>-</u>	
	360 3RD STREET, SUITE ϵ	000		
_	-	Address		
:	SAN FRANCISCO. CA 941	07		
_		City/ State and Zip Cod	<u>e</u>	
COMP	PLIANE@SQUARETRADE	COM		
		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
BRAD SNYDER		415	541-1000	
	Contact Person	at (de & Daytime Telephone Number	_
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)	
Amen Divisi P.O. I	ng Address Idment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301	

Articles of Amendment to 1 Articles of Incorporation of



PROTECTION PLAN GROUP CORP

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P17000058792	
	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	·
PROTECTION PLAN GROUP, INC.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	m," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	-!
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida su	reet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of Nove b	Projectored Ament 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.

X Change	<u>PT</u>	John Do	ı <u>c</u>					
X Remove	<u>V</u>	Mike Jo	nes			1		
X Add	<u>sv</u>	Sally Sn	nith					
Type of Action (Check One)	<u>Title</u>		Name			1		Address
1) Change		_			<u>-</u> -	; ! -		
Add]		
Remove								
2) Change		_		_		<u>. </u>		
Add								
Remove								
3) Change		_		_				
Add								
Remove								
4) Change		_						
Add								
Remove								
5) Change		_		<u>.</u>				
Add								
Remove								
6) Change		_			_		_	
Add								
Remove								-

f amending or adding additional Articles, enter change(s) Attach additional sheets, if necessary). (Be specific)	
<u> </u>	
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an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain (if not applicable, indicate N/A)	, or cancellation of issued shares, ed in the amendment itself:
	,
	-
-	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) at date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date witpartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
JULY 28, 2 Dated	017	
Signature		
(By/a di	rector, president or other officer – if directors or officers have not been by an incorporator if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	BRAD SNYDER	
•	(Typed or printed name of person signing)	_
	SECRETARY	
-	(Title of person signing)	