P98000032666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☑ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

500316287745

07/27/18--01002--004 **52.50

18 JUL 26 PM 3:04

2018 JUL 26 PM 4:

JUL 2[illegible] 2018
C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

2011 JUL 26 PM 4:

NAME OF CORPORATION: Capitol Preferred Insurance Company, Inc.

DOCUMENT NUMBER: P98000032666

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

Please return all correspondence concerning this matter to the following:

Wes Strickland
Name of Contact Person

Colodny Fass
Firm/ Company

119 East Park Avenue
Address

Tallahassee, FL 32302
City/ State and Zip Code

kmock@pmains.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wes Strickland at (850) 577-0398
Name of Contact Person — 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

APPROVED

JUL 2 6 2018

Docketed by: MJL

Articles of Amendment

to

Articles of Incorporation

of

Capitol Preferred Insurance Company, Inc.

P98000032666

2018 JUL 26 PM 2:

1. The name of the corporation is Capitol Preferred Insurance Company, Inc. (the "Corporation").

2. Article I of the Corporation's Articles of Incorporation shall be amended to read in its entirety as follows (the "Amendment"):

ARTICLE I.

Name. The name of the Corporation shall be named Capitol Preferred Insurance Company, Inc. The principal place of business of the Corporation shall be 2750 Chancellorsville Drive, Tallahassee, Leon County Florida 32312 or at such other place as may be subsequently designated by the Board of Directors.

3. The Amendment does not provide for an exchange, reclassification or cancellation of issued shares.

4. The Amendment is adopted on the date this document is signed.

5. The Amendment was approved by the Corporation's shareholders. The number of votes cast for the Amendment by the shareholders was sufficient for approval.

CAPITOL PREFERRED INSURANCE COMPANY, INC.

Dated 3-28-18

Signature _____

James A. Graganella
President & CEO