622184

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ALLAMASSEE, FLORIDA

S. HAWKES

FUG - 2017

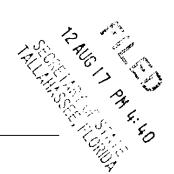
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	_{RATION:} Omega Ins	urance Compar	ny
DOCUMENT NUM			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	Scott P. Rowe		
		Name of Contact Person	n
	Omega Insurance	e Company	
	, , , , , , , , , , , , , , , , , , ,	Firm/ Company	
	7201 NW 11th Pl	ace	
		Address	
	Gainesville, FL 32	2605	
		City/ State and Zip Cod	e
src	we@thig.com		
		ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
Chrissy Fillm	ion	at (352	, 333-1439
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment 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)
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation



Omega Insurance Company

(Name of Corporation as currently filed with the Florida Dept. of State) 622184

ndment(s) to

(Document Numb	er of Corporation (if known)	West and the second of the second	
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this <i>Florida Pr</i>	rofit Corporation adopts the following ame	ndmei
A. If amending name, enter the new name of the	he corporation:		
N/A		m)	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Gword "chartered," "professional association," or	Corp," "Inc," or "Co". A p	pany," or "incorporated" or the abbrevi	new ation in the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
D. If amending the registered agent and/or reg new registered agent and/or the new register		rida, enter the name of the	
Name of New Registered Agent N/A			
	(Florida street address)	<i>)</i>	
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		ccept the obligations of the position.	
	,		
Signature o	of New Registered Agent, if ch	hanging	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	and/or D if necess rector title resident Chief F r, Directo in the foil wes the ce	irector beary) e by the fi ; T= Trea Financial for would be flowing m proporation	eing added: rst letter of the office title: nsurer; S= Secretary: D= Director; TR= Officer. If an officer/director holds more pe PTD. anner. Currently John Doe is listed as the n, Sally Smith is named the V and S. These	r/director being removed and title, name, and Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office e PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change.
X Change	<u>PT</u>	John Do	<u>e</u>	у
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	CFC)	Lane Bussey, III	7201 NW 11th Place
X_{Add}				Gainesville, FL 32607
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				·
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				

__ Remove

Attach additional sheets, if necessary). (Be specific)	
<u>A</u>	····
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11/1/14/4	
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f an amendment provides for an 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)	
A	
The state of the s	
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	84 74 TV - 4-4-

The date of each amendment(s) adoption: July 5, 2012	
Effective date if applicable:	
(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.	S MAG
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):	TA TO
"The number of votes cast for the amendment(s) was/were sufficient for approval	0.00 F.
by	
	•
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 August 13, 2012	
Signature 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)	
Donald C. Matz, Jr.	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	