622184

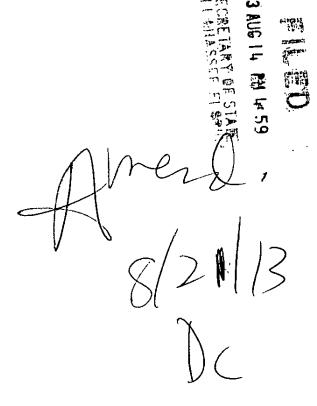
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COVER, LETTER

TO: Amendment Section
Division of Corporations

	RATION: Omega Ins	urance Compan	y		
DOCUMENT NUM	_{BER:} 622184				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Scott P. Rowe				
	Name of Contact Person				
	Omega Insurance Company				
	Firm/ Company				
	7201 NW 11th Place				
	Address				
	Gainesville, FL 32605				
	City/ State and Zip Code				
sro	we@thig.com				
		sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Chrissy Fillmon		at (352	, 333.1439		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	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)		
Mailing Address Amendment Section		Street Address Amendment Section			
	ision of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			
	,	Tallahassee, FL 32301			

Articles of Amendment Articles of Incorporation of

Omega Insurance Company

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

ent(s) to

622184		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corpora</i>	ation adopts the following amendment
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or	rp," "Inc," or "Co". A professional c	ncorporated" or the abbreviation
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	N/A	
D. If amending the registered agent and/or registered agent and/or the new registered		he name of the
Name of New Registered Agent N/A		
	(Florida street address)	
New Registered Office Address:	F	lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	egistered Agent: I am familiar with and accept the obli	gations of the position.
Cirrustum of	New Pagistarad Agant if aboneing	

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)

Ų.

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Timothy Bienek	7201 NW 11th Place
X			Gainesville, FL 32605
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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I/A						
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If an amendo	nent provides for	r an exchange.	reclassificat	ion, or cancella	tion of issued s	<u>hares,</u>
(if not a	or implementing pplicable, indicat	the amendme	nt ii not com	amed in the an	ienament itsen	L
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						<u>, , , , , , , , , , , , , , , , , , , </u>
/A						

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The date of each amendment(s) adoption: 7/19/2013	, if other than the
date this document was signed. 7/19/2013 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.	
☐ 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"	
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 8/5/2013	
Signature (By a director, president or opposition of the 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)	