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Florida Department of State
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LIMITED PARTNERSHIP AMENDMENT

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**STATEMENT OF QUALIFICATION FOR FLORIDA OR FOREIGN
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the partnership as identified in the records of the Florida Department of State:

NATIONAL INSURANCE OF AMERICA, LLLP

Insert partnership's Florida registration number:

AD3000001242

or

Attach completed Partnership Registration State and \$50 filing fee.

2. Suffix adopted for the above named partnership: LLLP

3. The street address of its chief executive office:

8701 Merrimore Blvd. East
Largo, FL 33777

4. The street address of principal office in Florida:

As above,

5. The name and Florida street address of the partnership's agent for service of process:

Robert E. Childress
8701 Merrimore Blvd. East
Largo, FL 33777

6. The partnership hereby elects to be a limited liability limited partnership

7. The effective date of this filing shall be as of the date this document is filed with the Florida Secretary of State.

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 22 day of August, 2003.

Sovereign Group LLC
SOVEREIGN GROUP, LLC

Robert E. Childress
Robert E. Childress
General Partner

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