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COR AMND/RESTATE/CORRECT OR O/D RESIGN

AFFIRMATIVE PREMIUM FINANCE, INC.

Certificate of Status	0
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#### **COVER LETTER**

FO: Amendment Section Division of Corporations				
SUBJECT:Premium Finance, Inc.				
Nume o	of Corporation			
DOCUMENT NUMBER: F07000001412				
The enclosed Amendment and fee are submi	tted for filing.			
Please return all correspondence concerning	this matter to the following:			
Lisa Artale Name of Contact Person				
Confie Seguros				
Firm/Company				
7711 Center Avenue, Sui	te 200			
Huntington Beach, CA 9 City/State and Zip Code	2647			
lisa.artale@confieholdin E-mail address: (to be used for future annu	gs.com al report notification)			
For further information concerning this matt	er, picase call:			
Lisa Artale Name of Contact Person	at (714 ) 252-2544 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount	nt:			
\$35.00 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate opy 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			

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

#### SECTION I (1-3 must be completed)

(1-3	MUST BE COMPLETED)
F07000001412	MUST BE COMPLETED)
(Documen	t number of corporation (if known)
Affirmative Premium Finance, Inc.	
(Name of corporation as it	appears on the records of the Department of State)
2. Delaware	3. March 13, 2007 (Date authorized to do business in Florida)
(Incorporated under laws of)	(Date authorized to do business in Fiorida)
(4-7 COMPLETE	SECTION II ONLY THE APPLICABLE CHANGES)
<del>-</del>	rporation, when was the change effected under the laws of
its jurisdiction of incorporation? September 9, 2	014
5. Confie Premium Finance, Inc.	
(Name of corporation after the amendment, a appropriate abbreviation, if not contained in	dding suffix "corporation," "company," or "incorporated," or new name of the corporation)
(If new name is unavailable in Florida, enter a business in Florida)	lternate corporate name adopted for the purpose of transacting
6. If the amendment changes the period of dura	tion, indicate new period of duration.
	(New duration)
7. If the amendment changes the jurisdiction of	incorporation, indicate new jurisdiction.
<del></del>	(New jurisdiction)
	ar import, evidencing the amendment, authenticated not more than the Department of State, by the Secretary of State or other official risdiction under the laws of which it is incorporated.
Signature of a director, president or other off of a receiver or other court appointed fiducial	cer - if in the hands y, by that fiduciary)
Robert Trebing	CFO and Secretary
(Typed or printed name of person signing	) (Title of person signing)

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "AFFIRMATIVE PREMIUM
FINANCE, INC.", CHANGING ITS NAME FROM "AFFIRMATIVE PREMIUM
FINANCE, INC." TO "CONFIE PREMIUM FINANCE, INC.", FILED IN THIS
OFFICE ON THE NINTH DAY OF SEPTEMBER, A.D. 2014, AT 5:34 O'CLOCK
P.M.

4309920 8100

150246077

DATE: 02-23-15

UTHENTICATION: 2142701

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