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ECRETARY OF STATE LLAHASSEE, FLORIDA

NOV 07 2013

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

TRIGEN INSURANCE SOLUTIONS INC.

Name of Corporation

DOCUMENT NUMBER: F09000002770

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDRA SANCHEZ

TRIGEN INSURANCE SOLUTIONS, INC.

Firm/Company

315 SE MIZNER BLVD SUITE200

Address

BOCA RATON, FL 33432

City/State and Zip Code

ASANCHEZ@TRIGENGROUPINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDRA SANCHEZ at (561) 257-0807

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

□ \$43.75 Filing Fee & Certificate of Status

□ \$43.75 Filing Fee & Certified Copy

□ \$52.50 Filing Fee. Certificate of Status & Certified Copy

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



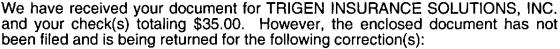
FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2013

ALEXANDRA SANCHEZ TRIGEN INSURANCE SOLUTIONS INC 315 SE MIZNER BLVD SUITE 200 BOCA RATON, FL 33432

SUBJECT: TRIGEN INSURANCE SOLUTIONS, INC.

Ref. Number: F09000002770



Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 813A00024744

Rebekah White Regulatory Specialist II DNS, INC. nt has not

COVER LETTER

Division of Corporations				
NAME OF CORPORATION: Teigen Insurance Solutions Inc. DOCUMENT NUMBER: F09000002770				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Alexandra Sanchez Name of Contact Person Trugen Tusurance Solutions Inc Firm/Company				
315 SE MIZNER BIVD #200				
Boca Raton, F1 33432 City/ State and Zip Code				
OSanchez Otrigengroupinc. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Alexandra Sanchez at (561) 257-0807 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 Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				

Mailing Address

TO: Amendment Section

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

11/13/2013 13:31

850-245-5013

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

1.	The name of the foreign corporation as it appeared TRIGEN INSURAN	ITS on the records of the Florida Department of State is:	4.
2.	This entity was authorized to transact business number is $\frac{109000002000}{10000000000000000000000000000$	in Florida on 711009 and its Florida document.	4. <u>(</u> . 1
3.	This corporation was formed under the laws of	DEIWARE.	- 1 <u>2</u> ,
4.	The name and address of each officer and/or di		
Ťi (Ile: EO	Name and Address CARIA PUSICK 2112	1200
	. 110	Boca Raton FL3343) 子 (重なな)
YVEC	ordent Sec.	William C Rhoden 315 SE Mizner Blud	±200
		Boca Raton FL 334	37_
			خوف ا
			ូស៉ូកូច
Car	In Busick Attach additional	pages if necessary)	, .
Signatu Typed o	r printed name of person signing.	Title of person signing FILING FEE \$35	
	Make ch Divisio	ecks payable to Florida Department of State and Mail to: n of Corporations*PO Box 6327-Tallahassee, FL 32314	

CR2E127 (8/08)