

G 71200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

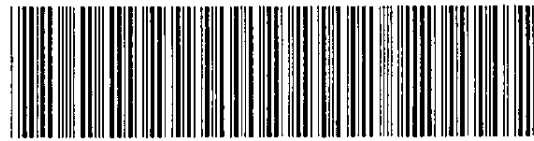
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300188921893

01/27/11--01001--004 **52.50

RECEIVED

11 JAN 26 PM 2:09

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 JAN 26 AM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N.C.

C.COULLIETTE

JAN 26 2011

EXAMINER

APPROVED

COVER LETTER

JAN 26 2011

TO: Amendment Section
Division of Corporations

Deskoted by: JB~

NAME OF CORPORATION: AMERICAN VEHICLE INSURANCE COMPANY

DOCUMENT NUMBER: G71200

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Becky Campillo
21st Century Holding Company
3661 West Oakland Park Blvd., Suite 300
Lauderdale Lakes, FL 33311

For further information concerning this matter, please call:

Becky Campillo at (954) 308-1257

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional Copy is
Enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

**ARTICLES OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
AMERICAN VEHICLE INSURANCE COMPANY**

DOCUMENT NO.: G71200

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

FEDERATED NATIONAL INSURANCE COMPANY

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENT ADOPTED – (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

ARTICLE I. Name

The name of the corporation shall be **FEDERATED NATIONAL INSURANCE COMPANY**.
The principal place of business of this corporation shall be *3661 West Oakland Park Boulevard, Suite 300, Lauderdale Lakes, Florida 33311.*

If an amendment provides for 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)

N/A

The date of each amendment(s) adoptions: Jan 26, 2014

Effective date if applicable: N/A
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved 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 amendments(s).

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

FILED
11 JAN 26 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☒ 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.

Signed this 26th day of January, 2011.

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)

Michael H. Braun

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35