

H85126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies

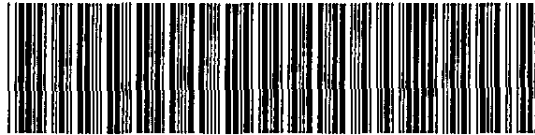
4

Certificates of Status

4

Special Instructions to Filing Officer:

Office Use Only



100056088631

Name Change &  
Amend

FILED JUN 20 2005

FILED  
JUN 20 PM 1:47  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

OK  
6/20/05

Bill Godwin  
Requester's Name  
249 E. Virginia St  
Address  
Tallahassee FL 224-9789  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Acqua Insurance Co. / Transportation Casualty  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certified Copy (4)  
☒ Certificate of Status (4)

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

☒ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

**RECEIVED**

MAY 24 2005

NAME OF CORPORATION: Transportation Casualty Insurance Company  
**P & C INSURER SOLVENCY**

DOCUMENT NUMBER: H85126

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

Please return all correspondence concerning this matter to the following:

Michael A. Goldstein

(Name of Contact Person)

Transportation Casualty Insurance Company

(Firm/ Company)

3000 West Cypress Creek Rd.

(Address)

Fort Lauderdale, FL 33309

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Michael A. Goldstein

(Name of Contact Person)

at ( 954 )

493 6565 ext 340

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

**APPROVED**

Articles of Amendment  
to  
Articles of Incorporation  
of

**JUN 15 2005**

Transportation Casualty Insurance Company

Docketed by: *BT-y*

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

H85126

(Document number of corporation (if known))

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):**

AequiCap 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.")

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

Article IV - place of business

3000 West Cypress Creek Rd.

Fort Lauderdale, FL 33309

(Attach additional pages if necessary)

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)

(continued)

The date of each amendment(s) adoption: 5/9/05

Effective date if applicable: 5/9/05  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

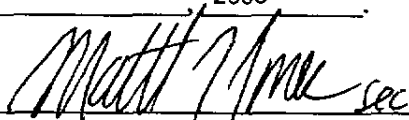
- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval 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.

Signed this 23 day of May, 2005.

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)

Matthew T. Jones

(Typed or printed name of person signing)

Secretary, Vice-President

(Title of person signing)

**FILING FEE: \$35**