L43055

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	(Address)			
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	(City/State/Zip/Phone #)			
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Amend Maric Chs

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COVER LETTER

TO: Amendment Section , ; Division of Corporations NAME OF CORPORATION: Employers Mutual, Inc. DOCUMENT NUMBER: L43055 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Andrew Hart Name of Contact Person 3H Corporate Services, LLC Firm/ Company 6 Clement Avenue Address Saratoga Springs, NY 12866 City/ State and Zip Code ascension@3hcs.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (_____518___) 583-0639 X116
Area Code & Daytime Telephone Number Andrew Hart Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **□\$43.75** Filing Fee & **□\$**43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations **Division of Corporations**

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

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Articles of Incorporation

	0	of
	Employers 1	Mutual, Inc.
(Name of Co	rporation as curren	tly filed with the Florida Dept. of State)
	L43	055
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name o	f the corporation:	
Relation Insurance Services of Florida, Inc.		The new
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp." "Inc." or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if app	dicable:	
Principal office address <u>MUST BE A STREE</u>	ET ADDRESS)	Light .
Enter new mailing address, if applicable	<u>:</u>	NA
(Mailing address MAY BE A POST OFFI	<u>CE BOX</u>)	1
		ر به المراجعة
). If amending the registered agent and/or i	registered office ad-	draw in Florida, antar the name of the
new registered agent and/or the new regi		
Name of New Registered Agent	N/A	
Trane of New Acquatered Agent		
	(Florida s	rtrect address)
V D : 400 411	NIA	Λ//Δ
New Registered Office Address:	107.	, Florida /V / / \(\text{\text{City}}\) (City) (Zip Code)
New Registered Agent's Signature, if changi		nt: with and accept the obligations of the position.
петелу ассерьные арранитень из гезіметей с	қст. ғұт jamшағ	ware and accept the obligations of the position.
	Signature of New	Revistered Avent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John D	<u>oe</u>	
X Remove	V Mike Jo	<u>ones</u>	
X Add	<u>SV</u> <u>Sally S</u>	mith_	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) X Change	CEO, EVP, T. D. & AS	Joseph L. Tatum, Jr.	1277 Treat Blvd., Suite 400
Add			Walnut Creek, CA 94597
Remove			
2) X Change	P. S. CFO & COO	Edward Nathan Page	1277 Treat Blvd., Suite 400
Add			Walnut Creek, CA 94597
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
MA	
,	
· · · · · · · · · · · · · · · · · · ·	
 	
If an amondment provides for an available	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A) $\mathcal{N} \cap \mathcal{A}$	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	NIA	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the focument's effective date on the	is block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	<i>ા</i>
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	г
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Datedj	0/4/17	
Signature	Thomas	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Edward Nathan Page	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	