Florida Department Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: GIBBONS, COHN, NEUMAN, BELLO & SEG.

Account Number : I20000000178

: (813)877-9222

Phone

Fax Number

: (813)877-9290

**Enter the email address for this business entity to be used for 🖺 annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN UNITED MEMBERS INSURANCE CORPORATION

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Corporate Filing Menu

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From: 813-877-9290

To: 18506176380

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Date: 11/24/2010 2:39:08 PM

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: UNITED I	MEMBERS INSURANCE C	ORPORATION	
DOCUMENT N	UMBER:	L66583		
The enclosed Arti	icles of Amendment and fee	are submitted for filing.		
Please return all c	orrespondence concerning th	is matter to the following:		
	GARY A. GIBBONS			
)	Name of Contact Person		
	GIBBONS, NEUMAN, E	BELLO, SEGALL, ALLEN & HA	LLORAN	
	•	Firm/ Company		
	3321 HENDERSON BLVD			
		Address		
		TAMPA, FL 33609	·	
		City/ State and Zip Code		
	E-mail address: (to be use	d for future annual report notification)		
For further inform	ation concerning this matter,	please call:		
Name	of Contact Person	at () Area Code & Daytime Tele	enhone Number	
		nade payable to the Florida Depart		
☑ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Clifton Building 2661 Executive Center Circle	÷	
		Tallahassee, FL 32301		

Articles of Amendment to

Articles of Incorporation

From: 813-877-9290	To: 18506176380	Page: 4/7	Date: 11/24/2010 2:43:27	PM 🤼 🔭
H10000254747 3)				an KA
•	Articles of A			NOV
	to Articles of In	_		MISCONE CH PA
	0	-		AHASTY
UNITED MEMBE	RS INSURANC	E CORPO	DRATION	DANOV 24 PM S
(Name of Corporation a	s currently filed with	h the Florida	Dept. of State)	CAID
	L66583		•	·
(Docume	nt Number of Corpor	ation (if know	n)	
rsuant to the provisions of section 60 nendment(s) to its Articles of Incorport		tutes, this <i>Flo</i>	rida Profit Corporation a	dopts the following
If amending name, enter the new n	ame of the corporat	ion:		
	NO CHANGE			The new
ame must be distinguishable and co bbreviation "Corp.," "Inc.," or Co.," ame must contain the word "chartered,	or the designation "	Corp, " "Inc, '	or "Co". A professiona	ated" or the l corporation
. Enter new principal office address, Principal office address <u>MUST BE A S</u>		<u>NO CHA</u>)	NGE	
				
			·	<u> </u>
Enter new mailing address, if appl (Mailing address MAY BE A POST		NO CHAI	NGE	
		NO CHAI	NGE	
(Muiling address <u>MAY BE A POST</u>	OFFICE BOX) id/or registered offic	ce address in		
(Muiling address MAY BE A POST) If amending the registered agent an	OFFICE BOX) id/or registered offic	ce address in i		
(Muiling address MAY BE A POST If amending the registered agent an new registered agent and/or the new	OFFICE BOX) Ad/or registered office at the property of the pr	ce address in i	Florida, enter the name o	Cihe
(Muiling address MAY BE A POST If amending the registered agent an new registered agent and/or the new Name of New Registered Agent:	OFFICE BOX) Id/or registered office at MO CHANG	ee address in iddress; GE	Florida, enter the name o	[the
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e. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent:	OFFICE BOX) Id/or registered office at registered office at NO CHANG (Flow (City) thanging Registered (ee address in iddress; SE rida street add	Florida, enter the name o	·

Page 1 of 3

<u>Title</u>	<u>Name</u>	<u>Ađ</u>	dress	Тур	e of Aetio
DP	JAMES R SOLOMON				Add Remove
DST	LINDA ANN SOLOMON				Add Remove
				 =	Add Remove

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removed at	g the Officers and/or Directors, ento nd title, name, and address of each (litional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of Action
D/P/T	LINDA A. SOLOMON		☐ Add
<u>D/VP/</u> S	JILL SOLOMON		☑ Add □ Remove
			☐ Add
E. If amend	ling or adding additional Articles, e dditional sheets, if necessary). (Be s	nter change(s) here: pecific)	
E. If amend	ling or adding additional Articles, e dditional sheets, if necessary). (Be s	pecific)	
E. If amend	ling or adding additional Articles, e dditional sheets, if necessary). (Be s	pecific)	
F. If an an provision	ding or adding additional Articles, enditional sheets, if necessary). (Be sometiment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)	pecific)	ntion of issued shares,
F. If an an provision	nendment provides for an exchange,	pecific)	ition of issued shares,

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(H10000254747 3)	
, ,	
	•
The date of each umendment(s	adoption: NOVEMBER 9, 2010
•	(date of adoption is required)
Effective date if applicable: _	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
. "The number of votes co	st for the amendment(s) was/were sufficient for approval
ьу	39
(veting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated Nuver	nber 9, 2010
Signature	Linda A. So tomon
	director, procedust or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary)
	Linda A. Solomon
	(Typed or printed name of person signing)
	C. A. E
	Director, President, Treasurer
	(Title of person signing)

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