

MP19627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

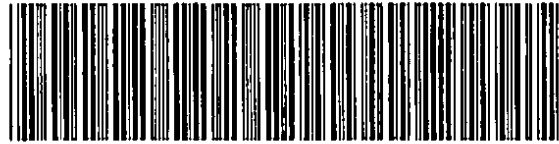
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 04 2017

S. YOUNG

S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT -4 AM 11:53

FILED



Pilar Torres
Senior Corporate Paralegal
Tel: 847-700-8222
Fax: 847-952-4804
ptorres@kingswayamerica.com

September 25, 2017

Florida Department of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive center Circle
Tallahassee, FL 32301

Re: Kingsway Amigo Insurance Company
Secretary of State File Number: M19627; and

Insurance Management Services Inc.
Secretary of State File Number: M17718

Dear State Clerk:

Enclosed please find two original copies and two conformed copies of the Articles of Amendments to Articles of Incorporation for each company referenced above.

Also enclosed are two checks, each in the amount of \$43.75, to cover the filing fee and the request for a returned filed stamped Certified Copy of each filing for each company referenced above to be returned to my attention at the address listed below.

Please feel free to contact me at 847 700-8222 if you have any questions or require additional information. Thank you in advance for your assistance in this matter.

Very truly yours,

KINGSWAY AMERICA INC.

Pilar Torres
Senior Corporate Paralegal

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KINGSWAY AMIGO INSURANCE COMPANY

DOCUMENT NUMBER: M19627

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

Please return all correspondence concerning this matter to the following:

PILAR TORRES

Name of Contact Person

KINGSWAY AMERICA INC.

Firm/ Company

150 PIERCE ROAD, SUITE 600

Address

ITASCA, IL 60143

City/ State and Zip Code

PTORRES@KINGSWAYAMERICA.COM

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

For further information concerning this matter, please call:

PILAR TORRES

at (847) 700-8222

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

☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

KINGSWAY AMIGO INSURANCE COMPANY

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

M19627

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

8600 NW 17th Street

Suite 201

Doral, FL 33126

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

D

Richard A. Slater, Jr.

3155 N.W. 77th Avenue

☐ Add

Miami, FL 33122-3700

☒ Remove

2) ☐ Change

D

Robert T. Rotondo

3155 N.W. 77th Avenue

☐ Add

Miami, FL 33122-3700

☒ Remove

3) ☐ Change

D

Scott Walker

8600 NW 17th Street

☒ Add

Suite 201

☐ Remove

Doral, FL 33126

4) ☐ Change

D

Stephen J. Harrison

8600 NW 17th Street

☒ Add

Suite 201

☐ Remove

Doral, FL 33126

5) ☒ Change

PD

William A. Hickey, Jr.

8600 NW 17th Street

☐ Add

Suite 201

☐ Remove

Doral, FL 33126

6) ☒ Change

DST

Sandra M. Pappas

8600 NW 17th Street

☐ Add

Suite 201

☐ Remove

Doral, FL 33126

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.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

☒ Change

D

Lecann H. Repta

8600 NW 17th Street

☐ Add

Suite 201

☐ Remove

Doral, FL 33126

8) ☐ Change

☐ Add

☐ Remove

9) ☐ Change

☐ Add

☐ Remove

10) ☐ Change

☐ Add

☐ Remove

11) ☐ Change

☐ Add

☐ Remove

12) ☐ Change

☐ Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an 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) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted 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

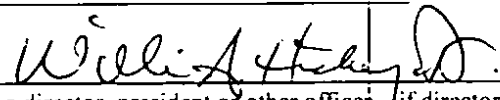
by _____."
(voting group)

☒ 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.

Dated September 11, 2017

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)

William A. Hickey, Jr.

(Typed or printed name of person signing)

President

(Title of person signing)