P00000073377

| (Requestor's Name) |
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| (Address) |
| (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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11/22/04--01056--004 **35.00

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

| SUBJECT: INSUI | RANCE/SEGUROS OF AMERIC | CA TWO INC | |
|----------------------|--|--|---|
| DOCUMENT NO | JMBER: P00000073377 | | |
| The enclosed Artic | cles of Amendment and fee a | re submitted for filing. | * |
| Please return all co | orrespondence concerning thi | is matter to the following: | |
| ··· | | MANUEL R BAEZ | · |
| | (Na | ime of Person) | |
| | | SEGUROS OF AMERICA TWO, | INC |
| | (Name (| of Firm/ Company) | |
| | 4002 W W | /ATERS AVENUE SUITE 3 | |
| | | (Address) | |
| | (Cityl St | TAMPA FL 33614 ate/ and Zip Code) | |
| For further inform | ation concerning this matter, | • | |
| • | . MANUEL R BAEZ | at (813) 884 0999 | |
| | (Name of Person) | (Area Code & Daytime | Telephone Number) |
| Enclosed is a chec | k 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) |
| P.O. Box 6 | nt Section f Corporations | Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 | |

Articles of Amendment to
Articles of Incorporation of

| | FILED | |
|---------------|----------|---|
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INSURANCE/SEGUROS OF AMERICA TWO, INC.

| AT | · - | · | Salary 1 | Či. | | 41. ** TT1. | orida Dent | F |
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| P000000733 | 77 |
|--|--|
| (Document number of corporation (| if known) |
| ursuant to the provisions of section 607.1006, Florida Statute dopts the following amendment(s) to its Articles of Incorpora | s, this Florida Profit Corporation tion: |
| NEW CORPORATE NAME (if changing): | |
| AMERICA ONE INSURAN | |
| (must contain the word "corporation," "company," or "incorporated" or t | he abbreviation "Corp.," "Inc.," or "Co.") |
| MENDMENTS ADOPTED- (OTHER THAN NAME CH nd/or Article Title(s) being amended, added or deleted: (BE S | ANGE) Indicate Article Number(s) PECIFIC) |
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| | STATE OF THE STATE |
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| And the second s | ### () |
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| (Attach additional pages if neces | ssary) |

| The date of each amendment(s) adoption: NOVEMBER 16th, 2004 |
|---|
| Effective date if applicable: NOVEMBER 16th, 2004 |
| (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 16 day of NOVEMBER 2004 |
| 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) |
| (Typed or printed name of person signing) |
| PRESIDENT (Title of person signing) |

FILING FEE: \$35