P00000100913

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.

(((H14000157011 3)))

||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||

H140001570113ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

```
To:
        Division of Corporations
        Fax Number      : (850)617-6380

From:
        Account Name    : LAZARUS CORPORATE FILING SERVICE, INC.
        Account Number  : I20000000019
        Phone           : (305)552-5973
        Fax Number      : (305)675-5944

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

Email Address:_____
```

RECEIVED 14 JUL -1 PM 5:09

COR AMND/RESTATE/CORRECT OR O/D RESIGN
PALMETTO INSURANCE, CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$35.00

2ND REQUEST

Amend

14 JUL -1 AM 10:00   SECRETARY OF STATE FILED TALLAHASSEE FLORIDA

JUL 02 2014

T. CARTER

Articles of Amendment
to
Articles of Incorporation
of
Palmetto Insurance Corporation

Florida Document Number: P00000100913

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Tania I Lizano Title VP   Remove

Jose M. Lizano Jr. Title P, VP   —Add

Principal and Mailing Address: 6998 N. US Hwy 27. Suite 105 Ocala, FL 34482

Registered Agent Address: 6998 N. US Hwy 27. Suite 105 Ocala, FL 34482

These articles of amendment were adopted on 06/30/2014.

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

Jose M. Lizano Jr. President

Printed Name and Title

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