## P0000117976

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Document Number)			
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OLLAHASSEE. FLORIDA

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## TRANSMITTAL LETTER

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**TO:** Amendment Section Division of Corporations

SUBJECT: Add	ress Change of Princip	al Office			
DOCUMENT NU	MBER: <u>P00000117976</u>	<del></del>			
The enclosed Artic	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all co	orrespondence concerning th	is matter to the following:			
	Robin Sipowicz		,		
	(Na	ame of Person)			
	Homesite Insurance C		·		
,	(Name	of Firm/Company)			
	99 Bedford Street	An and a second			
		(Address)			
~	Boston, Massachusett (City/S	s 02111 tate/ and Zip Code)			
For further information	ation concerning this matter,	please call:			
Annemarie In	man	at ( 617 ) 832–135	5		
·	(Name of Person)	(Area Code & Daytime	(elephone Number)		
Enclosed is a chec	k for the following amount:				
☐ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	XX\$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 409 E. Gaines Street Tallahassee, FL 32399			



Articles of Amendment to Articles of Incorporation of

PR 26 2004

: i. ;

## HOMESITE INSURANCE COMPANY OF FLORIDA

(Name of corporation as currently filed with the Florida Dept. of State)		
P00000117976		<b>.</b> 1
(Document number of corporation (if known)	- '	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation:	77	
NEW CORPORATE NAME (if changing):	- Australia Australia	
N/A	M	
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc. " or "Coc)	Ö	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Rumber(s	,	
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	3	
ARTICLE I - NAME		ೂ ಪ್ರಕ್ನೆ ಚಿತ್ರ ಪಾರ್ಯಕ್ಕಾರಿ
106 East College Avenue, Suite 1200		 - ***
Tallahassee, Florida 32301	-	\$\frac{1}{2} \cdot \text{.}
is DELETED and REPLACED with the following:	_	
313 North Monroe Street, Suite 200	, ,	
Tallahassee, Florida 32301		. 7 ***
		e g≢e e i j
		<del></del>
		7 m
(Attach additional pages if necessary)		
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisio for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate it		
N/A		
		·

(continued)

The date of each amendment(s) adoption: December 30, 2003	4 ° -
Effective date if applicable: December 30, 2003  (no more than 90 days after amendment file date)	, <del>2</del> ,
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 day of	, . <u>.</u> -21
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)	· ' મુંચ <u>ુંદ</u>
Anthony M. Scavongelli  (Typed or printed name of person signing)	
Director	to establish
(Title of person signing)	

FILING FEE: \$35