P01000155

Florida Department of State
Division of Corporations
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To:
        Division of Corporations
        Fax Number      : (850)617-6380

From:
        Account Name    : CORPORATE CREATIONS INTERNATIONAL INC.
        Account Number  : 110432003053
        Phone           : (561)694-8107
        Fax Number      : (561)694-1639
```

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

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
CAPTIVE INSURANCE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	$35.00

DEC 05 2019

S. YOUNG

FILED
19 DEC -2 PM 2: 26

**Articles of Amendment
to
Articles of Incorporation
of**

CAPTIVE INSURANCE SERVICES, INC.

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

P01000015055

(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)

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

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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
1) ___ Change ___ Add X Remove	President CEO	Lowe , Kim	800 CORPORATE DRIVE, SUITE 600 FORT LAUDERDALE, FL 33334
2) ___ Change ___ Add X Remove	Secretary	Vargas , Claudia	800 CORPORATE DRIVE, SUITE 600 FORT LAUDERDALE, FL 33334
3) ___ Change ___ Add X Remove	Treasurer, Director CFO	Rattner , David	800 CORPORATE DRIVE, SUITE 600 FORT LAUDERDALE, FL 33334
4) ___ Change ___ Add X Remove	Director	Allan, Cristina	800 CORPORATE DRIVE, SUITE 600 FORT LAUDERDALE, FL 33334
5) ___ Change ___ Add X Remove	Asst. Secretary	Eriks, Sharee	800 Corporate Drive, Suite 600 Fort Lauderdale, FL 33334
6) ___ Change X Add ___ Remove	P, CEO, D	Cristina Allan	800 Corporate Drive, Suite 600 Fort Lauderdale, FL 33334

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

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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)

_____

_____

_____

_____

_____

_____

_____

_____

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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 December 2, 2019
_____

Signature _____ /s/ Caitlin Lazarus _____
          (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)

          Caitlin Lazarus
          _____
          (Typed or printed name of person signing)

          Attorney-in-Fact
          _____
          (Title of person signing)

Captive Insurance Services, Inc.

Add:

David Rattner – Treasurer, CFO and Director
800 Corporate Drive, Suite 600
Fort Lauderdale, FL 33334

Sharee Eriks - Assistant Secretary
800 Corporate Drive, Suite 600
Fort Lauderdale, FL 33334

Claudia Vargas - Secretary
800 Corporate Drive, Suite 600
Fort Lauderdale, FL 33334